TITLE VI COMPLAINT FORM

For questions or a full copy of the City of Glenwood Springs' Title VI policy and complaint procedures contact Tanya Allen, Transportation Manager/Title VI Coordinator, (970) 384-6437 or tanya.allen@cogs.us.

Name (Complainant):				
Phone Number: ()		Email:		
Address:				
City:	State		Code:	
I believe that I have been discriminated again	st on th	e basis of:		
□ Race	□ Age			
□ Color	□ Disability			
☐ National Origin	☐ Other (specify)			
□ Sex				
Name/Position (Title) of person(s) who allegedly discriminated against you:				
Location of Incident:			Date:	

Briefly explain the situation/incident:
(Attach separate sheet(s), if necessary)
Witness(es):
□ YES □ NO
List Witness(es): (Attach a separate sheet, if necessary)
(1) Name:
Phone Number: ()
(2) Name:
Phone Number: ()
(3) Name:

Phone Number: ()
(4) Name:
Phone Number: ()
Complaint filed with Federal, State, or Local agency; or Federal or State court?
□ YES
□ NO
If YES, check all that apply:
□ Local Agency
☐ State Agency
☐ Federal Agency
☐ State Court
☐ Federal Court
Contact Information for Court/Agency of Complaint filed:
Agency:
Contact Name:
Phone Number: ()
Address:
City: State: Zip Code:

AFFIRMATION

By signing below, you agree that (1) you have read, understood and accepted the terms and
procedures for tracking and investigating Title VI complaints and (2) you affirm that the
information above is true to the best of your knowledge.

Signature			
Printed Name			
Date			

Send this completed form along with any written materials or other information that you think is relevant to your complaint to:

CITY OF GLENWOOD SPRINGS

Tanya Allen, Transportation Manager/Title VI Coordinator 101 W. 8th Street Glenwood Springs, CO 81601 tanya.allen@cogs.us

INTERNAL USE ONLY

To be completed by Transportation Manager/Title VI Coordinator

Accepted for formal Investigation/
Referred to another department on/
Rejected/
Reason for Rejection:
Tanya Allen, Transportation Manager/Title VI Coordinator
Date