



**City of Boise
Title VI Complaint Form**

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance".

Please provide the following information necessary in order to process your complaint. Assistance is available upon request.

Complete this form and mail or deliver to: City of Boise, Title VI Coordinator
625 W. Idaho Street, PO Box 500
Boise, ID, 83701-0500

1. Complainants Name (Please print): _____
2. Address: _____
3. City: _____ State _____ Zip _____
4. Telephone No: (Home) _____ (Business): _____
5. Person discriminated against (if other than Complainant)
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
6. What was the discrimination based on: (Check all that apply)
 Race/ Color Low Income Disability
 National Origin Sex Limited English Proficiency
7. Date of incident resulting in discrimination: _____
8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of this form.

9. What City of Boise representatives is the complainant alleging were involved?

10. Where did the incident take place?

