



**City of Round Rock  
Civil Rights Complaint Form**

**Section 1 – Basic Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Gate Code \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Home Cell Work

Secondary Phone Number \_\_\_\_\_ Home Cell Work

**Section 2 – Complaint Information**

1. Please select at least one of the following as the basis of your complaint:

Race \_\_\_\_\_ Age \_\_\_\_\_ National Origin \_\_\_\_\_

Color \_\_\_\_\_ Gender \_\_\_\_\_ Disability \_\_\_\_\_

2. What was the date and place of the alleged discriminatory action(s)? Please include, at a minimum, the earliest and most recent date.

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3. Please describe how you were discriminated against, explaining as clearly as possible why you believe your Title VI rights were violated. Attach additional pages, if necessary.

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4. Please provide the name(s) of individual(s) responsible for the alleged action described above.

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5. Please provide the name(s) of person(s) whom we may contact for additional information to support or clarify your complaint.

Name	Address	Telephone #

6. Briefly explain what action or remedy you are seeking for the alleged discriminatory action.

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7. Attach any relevant documentation you believe will assist with an investigation.

### Section 3 – Filing Information

1. Have you filed this complaint with any of the following agencies?

- U.S. Department of Transportation Yes No
- U.S. Department of Justice Yes No
- Federal Transit Administration Yes No
- Federal Highway Administration Yes No
- Texas Department of Transportation Yes No
- Equal Employment Opportunity Commission Yes No
- Other \_\_\_\_\_ Yes No

If yes, please provide a copy of the complaint form you filed with any of the above agencies.

- 2. Is this complaint against the City of Round Rock? Yes No
  
  - 3. Have you been in contact with a City employee regarding this complaint? Yes No If yes, what is the name and telephone number of the employee?
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- 4. Have you filed a lawsuit regarding this complaint? Yes No

**Section 4 - Certification**

I certify all the information contained in this complaint is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorized Representative Information**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail your completed form to:**  
Transportation Department  
Attn: Title VI Complaints  
2008 Enterprise Dr.  
Round Rock, Texas 78664

**{NOTE: The City cannot accept this complaint form without a signature.}**