



**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.

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.

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

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.

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?

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
3400 Sunrise Road
Round Rock, Texas 78665

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