



Inc. 1910

101 Years

60 S Main St | PO Box 48 - Driggs, ID 83422 | Ph: 208-354-2362 | Fax: 208-354-8522 | www.driggs.govoffice.com

Title VI Complaint Form
City of Driggs
Community Development Department

The City of Driggs is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Doug Self, Title VI Coordinator by calling (208) 354-2362. The completed form must be returned to the Title VI Coordinator, at Driggs City Hall, 60 S Main Street (or PO Box 48), Driggs, ID 83422.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State, & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Circle All That Apply)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discriminatory incident. Provide the names and titles of all City of Driggs employees or contractors involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint regarding this incident with any other federal, state or local agencies? (Circle one) **Yes / No** If yes, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

Agency: _____ Contact Name: _____
Street Address, City, State & Zip Code: _____ Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

Print or Type Name of Complainant

Driggs Office Use Only:

Date Received: _____ Received By: _____

Action Taken / To Be Taken and Date:

