

## Title VI Nondiscrimination Complaint Form

This form may be used to file a complaint with East-West Gateway Council of Governments (EWG) pursuant to nondiscrimination laws, rules, and regulations including, but not limited to: Title VI of the Civil Rights Act of 1964 and Executive Order 13166 - *Improving Access to Services for Persons with Limited English Proficiency*.

This form is also available in Spanish and can be found on EWG's website at: [www.ewgateway.org/titlevi](http://www.ewgateway.org/titlevi).

If you need assistance completing this form, please contact us by phone at (314) 421-4220 or (618) 274-2750 or by fax at (314) 231-6120 and ask for Royce Bauer (Title VI Coordinator).

Feel free to add additional pages if necessary. You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint.

Complaints of discrimination must be filed within 180 calendar days of the date that the alleged discrimination occurred.

This form MUST be completed by the complainant or the complainant's designated representative.

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### Complainant's Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home / Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name of person completing this form, if different from above: \_\_\_\_\_

Your relationship to the complainant indicated above: \_\_\_\_\_

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### Alleged Discrimination - Details of Complaint

#### I. Identify the agency, department, or program that allegedly discriminated

Agency or Department Name: \_\_\_\_\_

Name of any individual (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Fax: \_\_\_\_\_

Date(s) of alleged act: \_\_\_\_\_

Date alleged discrimination began: \_\_\_\_\_ Last or most recent date of alleged discrimination: \_\_\_\_\_

## II. What is the basis for this complaint?

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated in Part I above, please indicate below the basis on which you believe these discriminatory actions were taken.

**Example:** If you believe that you were discriminated against because you are African American, you would mark the box labeled "Race/Color" and write / type "African American" in the space provided.

### Check all that apply:

- Race/Color \_\_\_\_\_
- National Origin \_\_\_\_\_
- Other (*please specify*) \_\_\_\_\_

## III. Explain what happened

Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint).

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### IV. How can this/these issue(s) be resolved to your satisfaction?

### V. What is the most convenient time and place for us to contact you about this complaint?

### VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you or provide information about your complaint.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: The laws enforced by this agency prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in an action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Title VI Coordinator  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

Phone: (314) 421-4220  
(618) 274-2750  
Fax: (314) 231-6120

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You can use this page if you need additional space to provide the information requested on this form.