



# Clear Creek County - RoundAbout

## Title VI Civil Rights Complaint Form

Instructions: To submit a Title VI complaint to Clear Creek County RoundAbout, please print and complete the following form, sign and return to: Clear Creek County, Attention: County Paralegal -Title VI Coordinator, P.O. Box 2000, Georgetown CO 80444. For questions or a full copy of Northwest Colorado Council of Governments' Title VI policy and complaint procedures, please submit a written request to the above address, call (303)679-2314 or e-mail nreimer@clearcreekcounty.us

### Section I:

1. Name (Complainant):	
3. Home Address (Street No., City, State, Zip)	
3. Phone:	4. Email Address:
5. Accessible format requirements? (please check preference)	
<input type="checkbox"/> Large Print <input type="checkbox"/> Other (please indicate)	

### Section II:

6. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "yes" to this question, please go to <b>Section III</b> .)
7. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:
8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section III:

9. Have you previously filed a Title VI complaint with Clear Creek County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No																
10. Have you filed this complaint with any other federal, state, or local agencies or with any federal or state court? <input type="checkbox"/> Yes <input type="checkbox"/> No																
11. If "yes," please check all that apply:  <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency																
12. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:																
<table style="width:100%; border:none;"> <tr> <td style="width:25%;"><u>Agency/Court:</u></td> <td style="width:25%;"><u>Contact Name:</u></td> <td style="width:25%;"><u>Address:</u></td> <td style="width:25%;"><u>Phone Number:</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	<u>Agency/Court:</u>	<u>Contact Name:</u>	<u>Address:</u>	<u>Phone Number:</u>												
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### Section IV:

13. Date of Incident:	14. If applicable, name of person(s) who allegedly discriminated against you:

15. Discrimination based on (please check all that apply): Race Color National Origin

16. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

17. Why do you believe this event occurred?

