



## Title VI Complaint Form

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance.

Please provide the following information necessary to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Custer County Clerk  
Custer County Courthouse  
801 E. Main Ave., Challis, ID 83226  
Phone: (208)879-2360  
Email: [lbaker@co.custer.id.us](mailto:lbaker@co.custer.id.us)

### COMPLAINANT INFORMATION

Complainant's Name (Please print): \_\_\_\_\_

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

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

Person discriminated against (if other than Complainant)

Name (Please print): \_\_\_\_\_

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

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

What was the discrimination based on?

- |                                |  |  |                                |
|--------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Race  | <input type="checkbox"/> Low Income      | <input type="checkbox"/> Sex                         | <input type="checkbox"/> Creed |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Limited English Proficiency |                                |

Date of incident resulting in discrimination: \_\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper:

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What Custer County representative(s) is the complainant alleging were involved:

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Where did the incident take place? \_\_\_\_\_

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### **SUPPORTING CONTACTS/WITNESSES**

Please provide contact information.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Did you file this complaint with another federal, state or local agency, or with a federal or state court?  Yes  No

*If the answer is yes, please check each agency a complaint was filed with:*

- |   |  |                                       |
|---|--|---------------------------------------|
| <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  | <input type="checkbox"/> Other        |

Provide contact information for the agency you filed the complaint with:

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

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

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

Date Filed: \_\_\_\_\_

Sign the complaint in the space below. Attach any documents you believe support your complaint.

\_\_\_\_\_  
*Complainant's Signature*

\_\_\_\_\_  
*Date*