DISCRIMINATION COMPLAINT FORM

When completed, mail this signed form to:
City of Holland, ATTN: Title VI Coordinator
P.O. Box 157, Holland, Texas 76534

Last Name	First Name		
Mailing Address	City	State	Zip
Telephone	Alternate Telephone	Email Address	

Please indicate the basis of your complaint:

Race _____ Age _____ National Origin _____

Color _____ Gender _____ Disability _____

Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary)

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s).

Names of persons (witnesses, employees, or others) whom we may contact for additional information to support or clarify your complain. (Attach additional pages if necessary)

Name	Address	Telephone
		( )
		( )
		( )
		( )
		( )

Have you filed, or intent to file, a complaint regarding the matter with any of the following agencies? If yes, please provide the filing dates. Check all that apply.

- ☐ U.S. Department of Transportation _____
- ☐ Federal Highway Administration _____
- ☐ Office of Federal Contract Compliance Programs _____
- ☐ U.S. Equal Employment Opportunity Commission _____
- ☐ U.S. Department of Justice _____
- ☐ Other _____

Have you discussed this complaint with any City of Holland representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

The City cannot accept an unsigned complaint. Please print your name, sign and date the complaint form below:

_____ _____

Complainant's Printed Name Complainant's Signature

_____

Date

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case #: _____

Received By: _____ Date Referred: _____

If you have questions or need assistance with this form, please call (254) 657-2460 and request the Title VI Coordinator.