

# Marshalltown Municipal Transit Reasonable Modifications Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Transit Administrator at (641)754-5719.

Complete and return this form to: Marshalltown Municipal Transit, Transit Administrator, 905 E Main St, Marshalltown, IA 50158.

1. Complainant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant):  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your (please circle one):  
A. Race/Color                      B. National Origin                      C. Age  
D. Gender                              E. Income
7. What date did the alleged discrimination take place? \_\_\_\_\_
8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. If you need more room please use the back of this sheet. \_\_\_\_\_

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9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please circle each one that applies:

Federal Agency      Federal Court      State Agency  
State Court      Local Agency

10. Please provide information about a contact person at the agency/court where the complaint was filed

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

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

\_\_\_\_\_  
Date