

Title VI Discrimination Complaint Form

City of Omaha

Complainant:	Phone:
Address: (City, State, Zip)	Email:
Person Discriminated Against if Different from Above:	Phone:
Address: (City, State, Zip)	Email:
Type of Discrimination: <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation	Date of Incident:
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint (<i>attach additional pages, if necessary</i>).	
Names and contact information of persons (<i>witnesses, others</i>) whom we may contact for additional information to investigate your complaint.	

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

Signature

Date

Attachments: Yes No

Submit completed form to: City of Omaha
Attn: Rhonda Uher, Human Rights and Relations Manager
1819 Farnam Street
Suite, 502
Omaha, NE 68183

Additional contact information: Phone: (402)444-5055 ▪ Fax: (402)444-5058 ▪ TTY: (402) 444-5031
Email: HRights@ci.omaha.ne.us

- CITY OF OMAHA USE ONLY -

Received By:	Date:
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