City of Bettendorf
Title VI and ADA Complaint Form
Title VI of the Civil Rights Act of 1964, as amended, or
Title II or Title III of the Americans with Disabilities Amendment Act
(To be used for Bettendorf Transit)

Bettendorf Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended or Title II or Title III of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973. Complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (563) 344-4009. The completed form must be returned to the City of Bettendorf, Human Resources Director, 1609 State Street, Bettendorf, Iowa 52722. Emailed or electronically transmitted forms are not accepted. Hand delivery is recommended to ensure that the complaint is filed within the statutory deadline.

Your Name: ____________________________ Phone: __________________________
Street Address: ____________________________ Alt. Phone: __________________________
City, State & Zip Code: ____________________________

Person(s) discriminated against (if someone other than complainant):
Name: ____________________________
Street Address, City, State & Zip Code: ____________________________

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

- Race
- Color
- National Origin
  - Limited English Proficiency
- Disability
  - Physical
  - Mental

Date of Incident: ____________________________

Please describe the alleged discriminatory incident. Provide the names and title of all Bettendorf employees involved if available. Explain what happened and who you believe to be responsible. Please use the back of this form if additional space is required.

(Complete reverse side of form)
Please describe the alleged discriminatory incident (continued)

Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No

Agency: ___________________________________________ Contact Name: ___________________________________________
Street Address, City, State & Zip Code: __________________________ Contact Name: __________________________

Agency: ___________________________________________ Contact Name: ___________________________________________
Street Address, City, State & Zip Code: __________________________ Contact Name: __________________________

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

X Complainant’s Signature
Phone

X
Print or Type Name of Complainant

Date Received: ___________________________________________
Received By: ___________________________________________