

CONFIDENTIAL

**The University of Iowa Cambus Transit System
Office of Equal Opportunity and Diversity
Complaint Form**

The Cambus Transit System 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.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact The Office of Equal Opportunity and Diversity by calling 319-335-0705. The completed form must be returned to The Office of Equal Opportunity and Diversity, 202 Jessup Hall, Iowa City, IA 52242. Complaints must be filed within 180 calendar days of the alleged incident.

Title VI Complaint Form: This complaint is based on the following:

- Race
 Color
 National Origin
- Date of Incident _____

Complainant Name _____ Phone Number _____

Complainant Street Address (Street Address, City, State, Zip Code) _____

Complainant Gender: (select one) Female Male *

Hispanic or Latino Ethnicity (select one)

- Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Race (select one or more)

- American Indian or Alaska Native: Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
 Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African-American: Persons having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White: Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Person(s) Discriminated Against (If someone other than Complainant)

Name(s) _____

Street Address, City, State, Zip Code _____

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Please describe the alleged discrimination incident. Provide the names and title of all Cambus Transit System employees involved if available. Explain what happened and whom you believe was responsible. Where possible, please include the dates of the acts described in this complaint, or the date in which you became aware of the acts described in this complaint. Please attach additional pages if necessary):

Lined area for writing the complaint.

Complainant signature

Date