



CITY OF LINCOLN, NEBRASKA
TITLE VI/ADA COMPLAINT FORM

Return completed form to:
Ombudsman, Office of the Mayor
555 South 10th
Street, Suite 301
Lincoln, NE 68508

You are not required to use this form; a letter with the same information is sufficient. However, all the information must be provided whether or not the form is used.

SECTION I

Name: _____

Address: _____ Zip code _____

Telephone (Home/Cell): _____ (Work): _____

E-mail Address: _____

SECTION II

Are you filing this complaint on your own behalf? (Select one): Yes No

*If you answered "yes" to this question, go to Section III.

If you answered "no" please enter the name and relationship of the person for whom you are filing the complaint:

Name: _____ Relationship: _____

If you are filing a complaint as a third party, please explain why in the space below:

[Empty rectangular box for explanation]

If you are filing on behalf of a third party, have you obtained permission of the aggrieved party? (Select one): Yes No

SECTION III

Date(s) of Alleged Discrimination: _____ / _____ / _____

Explain, as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Please attach additional sheets if more space is needed.

What resolution are you seeking for this particular situation?

Please list the names and contact information of any witnesses, if known, whom we may contact for additional information to support or clarify your complaint:

Name: _____

Address: _____ Zip code _____

Telephone (Home/Cell): _____ (Work): _____

E-mail Address: _____

SECTION IV

Have you previously filed a Title VI/ADA complaint with the City of Lincoln?
(Select one): Yes No

SECTION V

Have you filed your present complaint with any other federal, state or local agency, or with any federal or state court?
(Select one): Yes No

If yes, please circle all that apply below, and name specific agencies and/or courts.

Federal Agency: _____

Federal Court: _____

State Agency: _____

State Court: _____

For each agency/court indicated, please provide information about a contact person at the agency/court.

Name: _____

Title: _____

Agency/Court: _____

Address: _____ Zip code _____

Telephone: _____

E-mail Address (if known): _____

SECTION VI

We can only accept a complaint that has been signed. Please sign and date this complaint below.

(Signature)

Date: _____ / _____ / _____