

**CITY OF LINCOLN, NEBRASKA
TITLE VI/ADA COMPLAINT FORM**

Return completed form to:
Ombudsman, Office of the Mayor
555 South 10th Street
Suite 304
Lincoln, NE 68508

If you feel you have been treated differently or experienced discrimination by a department of Lincoln City government, please submit this form.

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.

Do you need language interpretation, translation, or other accommodations to communicate with us?

(Select one): Yes No

SECTION I

Name: _____

Address: _____ Zip Code: _____

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

Email 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:

If you are filing on behalf of a third party, have you obtained permission of the aggrieved party?

(Select one): Yes No

SECTION III

What protected characteristics caused the unfair treatment? Please select the box(s) that best fit your situation.

- Age
- Ancestry
- Color
- Disability
- Marital Status
- National Origin
- Race
- Religion
- Retaliation
- Sex (including Sexual Orientation, Gender Identity & Expression)

SECTION IV

Date(s) of Alleged Discrimination: _____

What Department/Division of Lincoln City Government Discriminated Against You?
Please select the box(s) that best fit your situation:

- Aging Partners
- American Job Center
- Animal Control
- Building Codes/Inspections
- Building Services/Plan Review
- Bureau of Fire Prevention
- Business Office, Lincoln Transportation & Utilities
- City Attorney
- City Clerk
- Community Development
- Dental Health & Nutrition Services
- Environmental Public Health
- Fire & Rescue (Fire, Ambulance)
- Housing Rehabilitation/Real Estate
- Human Resources
- Lincoln City Libraries
- Lincoln Water System, Wastewater
- Parking Services (Park N Go)
- Parks & Recreation
- Planning Development Review
- Purchasing
- Solid Waste Management (Landfills)
- StarTran & Para Transit (Bus, HandiVan)
- Street/Traffic/Engineering
- Watershed Management

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): _____

Email Address: _____

SECTION V

Have you previously filed a Title VI/ADA complaint with the City of Lincoln?

(Select one): Yes No

SECTION VI

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 indicate 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.

Federal Agency

Name: _____ Title: _____

Agency/Court: _____

Address: _____ Zip Code: _____

Telephone: _____ Email Address (if known): _____

Federal Court

Name: _____ Title: _____

Agency/Court: _____

Address: _____ Zip Code: _____

Telephone: _____ Email Address (if known): _____

State Agency

Name: _____ Title: _____

Agency/Court: _____

Address: _____ Zip Code: _____

Telephone: _____ Email Address (if known): _____

State Court

Name: _____ Title: _____

Agency/Court: _____

Address: _____ Zip Code: _____

Telephone: _____ Email Address (if known): _____

SECTION VII

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

(Signature) _____

Date: _____

ACCOMMODATION NOTICE *The City of Lincoln complies with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 guidelines. Ensuring the public's access to and participating in public meetings is a priority for the City of Lincoln. In the event you are in need of a reasonable accommodation in order to attend or participate in a public meeting conducted by the City of Lincoln, please contact the [Lincoln Commission on Human Rights](#) at 402-441-7624, or the City Ombudsman at 402-441-7511 as soon as possible before the scheduled meeting date in order to make your request.*