City of Minot

Title IV Complaint

Individual or Organization Against Whom the Complaint is Made:

_____

Basis of the Discrimination (check all that apply):

□ Race □ Age □ National Origin □ Disability/Handicap

□ Color □ Sex □ Status with Respect to Public Assistance

Reason for complaint: (Describe in detail when, where, and how the alleged discrimination occurred.) Attach additional sheets, if needed.

Remedy Sought:			
Signature:		Date:	
Name (print):		Telephone Number:	
Address:	City:	State:	Zip Code:

Send To: City of Minot
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