

DISCRIMINATION COMPLAINT FORM

Any person who believes that he or she, or any class of individuals, or in connection with any disadvantaged business enterprise, has been or is being subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973, and/or the Civil Rights Restoration Act of 1987, as amended, has the right to file a complaint.

No individual or agency shall refuse service, discharge or retaliate in any manner against any persons because that individual has filed a discrimination complaint, instituted any proceeding related to a discrimination complaint, testified, or is about to testify, in any proceeding or investigation related to a discrimination complaint, or has provided information or assisted in an investigation.

Complaint filing timeframe: A discrimination complaint must be filed within 180 Calendar days of either:

- A) The alleged act of discrimination
- B) Date when the person(s) became aware of the alleged discrimination.
- C) Date on which the conduct was discontinued if there has been a continuing course of conduct.

The AGENCY or their designee may extend the time for filing or waive the time limit in the interest of justice, specifying in writing the reason for so doing.

The following form may be mailed, faxed, E-mailed, hand delivered to the Reasonable Accommodations Designated Coordinator. Complaints may also be filed with the Reasonable Accommodations Coordinator via phone.

Reasonable Accommodations Designated Coordinator

Name: John McCurdy

Title: Executive Director

Address: 1501 Southwest 7th Street

City: Atlantic

State: Iowa

Zip code: 50022

County:

Cass

Phone/Fax: 712-243-4196(P)/712-243-3458(F)

Email:

Swipco@Swipco.org

Name: _____

Complaint pertains to (check any applicable):

- Title VI Reasonable Modification
- ADA Other

Preferred method of contact:

Best time to contact:

Description of Complaint:
