

City of Kannapolis

Title VI Complaint Form

Any person who believes that they have been subjected to discrimination based upon race, sex, age, national origin, disability, income-level, limited English proficiency, or religion may file a written complaint with the City of Kannapolis' Title VI Coordinator within one hundred eighty (180) days after the alleged discrimination occurred.

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Mailing Address:	City:	State / Zip Code:
Home Phone:	Work/Cell Phone:	Email Address:

Identify the category of alleged discrimination.

- ☐ Race ☐ Color ☐ Sex ☐ Age ☐ National Origin ☐ Disability
☐ Income Level ☐ Limited English Proficiency ☐ Religion
☐ Other _____

Identify the race of the complainant.

- ☐ Black ☐ White ☐ Hispanic ☐ Asian American ☐ American Indian
☐ Alaskan Native ☐ Pacific Islander
☐ Other _____

Date(s) and place(s) of all alleged discriminatory action(s).

Names of individuals responsible for the alleged discriminatory action(s).

<p>How were you allegedly discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the alleged discrimination. Include how other persons were treated differently from you. Attach additional page(s) if necessary.</p>												
<p>The law prohibits intimidation or retaliation against anyone because they either have taken action, or participated in action, to secure rights protected by these laws. If you feel you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation. Attach additional page(s) if necessary.</p>												
<p>Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint. Attached additional page(s) if necessary.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">Name</th> <th style="text-align: left; width: 33%;">Address</th> <th style="text-align: left; width: 33%;">Phone</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Address	Phone	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	Phone										
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<p>Have you filed, or intend to file, a complaint regarding the matter raised with an outside State or Federal enforcement agency? If yes, please provide the agency name and filing date, if already filed.</p>												
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p>												

<p>Have you discussed the complaint with any City of Kannapolis representative? If yes, provide the name, position, and date of discussion.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please provide any additional information that you believe would assist with an investigation.</p>	
<p>Briefly explain what remedy, or action, you are seeking for the alleged discrimination.</p>	
<p>AN UNSIGNED COMPLAINT WILL NOT BE ACCEPTED. PLEASE SIGN AND DATE THE FORM BELOW.</p>	
Complainant's Signature	Date
<p>MAIL COMPLAINT FORM TO: City of Kannapolis Department of Human Resources Attn: Title VI Plan and Program Coordinator via email at adacoordinator@kannapolisnc.gov or mail at 401 Laureate Way Kannapolis, NC 28081</p>	
<p>FOR OFFICE USE ONLY</p>	
<p>Date Complaint Received: _____</p>	
<p>Processed by: _____</p>	
<p>Referred to: _____ Date referred: _____</p>	