

TITLE VI COMPLAINT

Park District of the City of Bismarck, ND

Name			Telephone Number	
Address		City	State	ZIP Code
Name of Person(s) That Discriminated Against You		Position (if known)		
Date of Incident Location of Incident				
Address (if known)		City	State	ZIP Code
Reason for Discrimination				
Race Age Color Sex Disability National Origin Retaliation Other, specify:				
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.				
Simoturo				
Signature			Date	