Appendix B: Title VI Complaint Form

Town of Clear Lake – Title VI Complaint Form

Complainant Information

- Name: _____
- Address: _____
- Phone: _____
- Email: _____

Incident Details

- Date of Alleged Discrimination: _____
- Location: _____
- Description of Incident:

Basis of Discrimination (check all that apply):
☐ Race
☐ Color
☐ National Origin

Have you filed this complaint with another agency?
☐ Yes ☐ No
If yes, which agency: _____

Signature: _____
Date: _____

Submit this form to:
Guy Rodgers, Title VI Coordinator
Town of Clear Lake
111 Gecowets Drive, Clear Lake, IN 46737
Phone: (260) 495-9158
Email: superintendent@townofclearlake.org