

408 Russell Ave.
P.O. Box 157
WaKeeney, Kansas 67672
785-743-5791
Fax 785-743-5471
www.wakeeney.org

Kenneth Roy, Mayor
Hardy Howard, City Administrator/Clerk

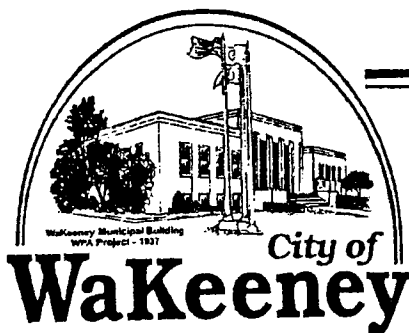
Notifying the Public of Rights Under Title VI

THE CITY OF WAKEENEY

- The City of WaKeeney operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of WaKeeney.
- For more information on the City of WaKeeney's civil rights program and the procedures to file a complaint:
 - contact 785-743-5791
 - email hhoward@ruraltel.net
 - visit our office at 408 Russell Avenue, WaKeeney, Kansas, 67672
 - or visit www.tregocountyks.com
- A complaint may be filed directly with the Federal Transit Administration at:
 - Office of Civil Rights
 - Attention: Title VI Program Coordinator
 - East Building, 5th Floor-TCR
 - 1200 New Jersey Ave. SE
 - Washington, DC 20590

This notice will be posted on the Trego County's website, which hosts information for our agency

www.tregocountyks.com



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Title VI Complaint Form

Section I		
Name:		
Address:		
Phone (Home):	Phone (Work):	
Email Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other _____
Section II		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to the above question, go to Section III.		
If not, supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party:	Yes	No
Section III		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month/Day/Year):		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No

City of WaKeeney General Transportation Bus
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Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes	No*
*If you answered "no" to the above question, go to Section VI.		
Please list all agencies and/or courts that this complaint has been filed with:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____		
Please provide information for a contact person at the agency/court where the complaint was filed:		
Name:	Title:	
Agency:	Phone Number:	
Address:		
Section VI		
Name of agency complaint is being filed against:		
Contact Person:	Title:	
Phone Number:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

 Signature

 Date

Please submit this form to:
 City of WaKeeney Title VI Coordinator
 PO Box 157
 408 Russell Ave
 WaKeeney, KS 67672