

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 1964

To: Hickman County Government

Date: _____

I, hereby file an official complaint against

(Name of Person or Agency)

located at: _____

(Physical Address of Person or Agency - if known)

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone No: _____

Basis of Complaint: () Race () Color () National Origin

Nature of Incident: _____

Name, address and phone of witness who may have knowledge of the alleged discriminatory action:

Date of alleged discrimination: _____

Certification: I hereby certify by my signature below that the information provided on this form is true and correct to the best of my ability and I file this complaint under my rights guaranteed by Title VI of the Civil Rights Act of 1964.

Signature: _____