

MCCDDC Title VI Complaint Form  
Attention: Kaci Reynolds  
201 N. Locust, P. O. Box 254, Monroe City, MO 63456  
[kreynolds@logw.com](mailto:kreynolds@logw.com)

**Title VI Complaint Form**

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**Please list any witness(es) to the alleged discrimination.**

<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>

**What corrective action would you like to see taken?**

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**Have you filed a complaint with any other federal, state or local agency/agencies/court(s)?**

Yes

No

**If so, please list the agencies in which you filed a complaint and provide their contact information:**

<b>Agency</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>

*I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.*

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Complainant**

\_\_\_\_\_  
**Date**

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