TITLE VI COMPLAINT
MORTON COUNTY WATER RESOURCE DISTRICT

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.

Signature	Date