

Non-Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI

Prairie Island Indian Community operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **Prairie Island Indian Community**.

For more information on the **Prairie Island Indian Community's** civil rights program, and the procedures to file a complaint, contact **Office of General Counsel, Jessie Seim - General Counsel**, at (651) 385-4137 and jseim@piic.org; or visit our administrative office at **5636 Sturgeon Lake Road, Welch, MN 55089**. For more information, visit <https://www.prairieisland.org>.

If information is needed in another language, contact 651-385-4138.

Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "yes" to this question, go to Section III.		
If not, please 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 the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
<input type="checkbox"/> 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 Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.
Section V:
<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Federal Agency:</p> <p><input type="checkbox"/> Federal Court:</p> <p><input type="checkbox"/> State Court:</p> <p><input type="checkbox"/> State Agency:</p> <p><input type="checkbox"/> Local Agency:</p>
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI:
Name of agency complaint is against:
Name of person complaint is against:
Title:
Location:
Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint.
Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Prairie Island Indian Community
Office of General Counsel
5636 Sturgeon Lake Road
Welch, MN 55089
(651) 385-4137
lseim@piic.org

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