

# TITLE VI COMPLAINT FORM

## **Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements?    Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_ TTY \_\_\_\_\_ Other \_\_\_\_\_

## **Section II**

Are you filing this complaint on your own behalf?    Yes \_\_\_\_\_ 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.

Yes \_\_\_\_\_ No \_\_\_\_\_



**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 yes, check all that apply and enter name of agency or court:

[ ] Federal Agency: [ ] Federal Court [ ] State Agency [ ] State Court [ ] Local Agency

Please provide information about a contact person at the agency or court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

***Signature and date required below***

\_\_\_\_\_

Signature

Date