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 III

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race  [ ] Color  [ ] National Origin

Date of Alleged Discrimination (Month, Day, Year): __________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please attach a separate sheet.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Section IV

Have you previously filed a Title VI complaint with this agency? 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