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 answer | ered "yes" to this |
| If not, please supply the name and relationship of the person for whom you are co | omplaining: |
| Please explain why you have filed for a third party: | |
| | |
| | |
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| | |
| Please confirm that you have obtained the permission of the aggrieved party if you a third party. | u are filing on behalf of |
| Vos 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. |
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| 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 feder court? [] Yes [] No | al, state, or local agency, or with any federal or state |
|--|--|
| If yes, check all that apply and enter name of age | ncy or court: |
| [] Federal Agency: [] Federal Court [] Stat | e Agency [] State Court [] Local Agency |
| Please provide information about a contact perso | n 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 inform | mation that you think is relevant to your complaint. |
| Signature and date required below | |
| | |
| | |
| Signature | Date |