

Title VI Complaint Form

*Items with the * next to them are required fields to be completed.*

*Last Name: _____, *First Name: _____ M.I.: _____
(Print) (Print)

*Address: _____ Apt# _____, *City: _____ *Zip Code: _____

*Daytime Phone or Cell: _____ *Date alleged grievance or discrimination occurred: _____
(MM/DD/YEAR)

If applicable, Representative of name above: _____
(Print First & Last Name)

*Phone: _____ *Relationship of person for whom you are complaining: _____

*Please confirm that you have obtained permission of aggrieved party if filing on behalf of third party. Yes ____ No ____

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

Race Color National Origin

If the complaint pertains to Title VI (discrimination) please complete the following questions:

1. Have you previously filed a title VI complaint with this agency? Yes _____ No _____

2. 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:

Federal Agency _____ Federal Court _____ State Agency _____ State Court _____ Local Agency _____

3. Please provide contact person at the agency/court where the complaint was:

Name: _____ Title: _____

Agency: _____ Phone: _____

Address: _____ City: _____ St. _____ Zip _____

4: Name of Agency complaint is against: _____ Phone: _____

Contact person: _____ Title: _____

Please continue to the next page.

