Title VI Complaint Form (FREE)

Section 1:					
Name:					
Address:					
Telephone (Home):	e): Telephone (Work):				
E-Mail Address:					
Accessible Format Requirements?	Large Print TDD		Audio Tape 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 nation for whom you are complaints		he person			
Please explain why you hav	e filed for a third party:	<u>'</u>			
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 Discrimin	ation (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 Title VI complaint with this agency?	Yes	No		
Section V				
Have you filed this complaint with any other Federal, State, o or State court?	r local agency, or w	rith any Federal		
[]Yes []No				
If yes, check all that apply:				
[]Federal Agency:				
[] Federal Court [] Sta	te Agency			
] State Court []Local Agency				
Please provide information about a contact person at the age was filed.	ncy/court where the	e complaint		
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				
Contact person:				
Title:				
Telephone number:				
You may attach any written materials or other information that to your complaint.	you think is relevan	nt		
Signature and date required below				
Signature	Date			