



Title VI Complaint Form

Section I				
Name:				
Address:				
Telephone (Home):			Telephone (Work)	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II				
Are you filing this complaint on your 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 permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No	
Section III				
I believe that the discrimination I experienced was based on (check all that apply)				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day and Year) _____				
Explain as clearly as possible, what happened and why you believe that you were discriminated against. Describe all persons who were involved. Include the name and contact information of all 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 or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply:				

<input type="checkbox"/> Federal Agency _____	
<input type="checkbox"/> Federal Court _____	State Agency _____
<input type="checkbox"/> State Court _____	Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
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 information that you think is relevant to your complaint.

Signature and date required below

Signature

Date