eggleston

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)

☐ Race ☐ Color ☐ 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?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency _____	
☐ Federal Court _____	☐ State Agency _____
☐ 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**