

TITLE VI COMPLAINT FORM

SECTION I:		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format	Large Print	Audio Tape
Requirements?	TDD	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 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 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):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____		
<p>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.</p> <hr/> <hr/>		

