

Title VI Complaint Form

Agency Use Only

Received / / Response / / Report / / Briefing / /

| | | | | | |
|---|------|-------|--------------------|--------------|--------------------------|
| Your Name: | | | | Your Phone: | |
| Best time of day to contact you about this complaint: 07am-10am 010am-1pm 01pm-4pm 04pm-7pm | | | Your Email Address | | |
| Your Mailing Address (Street/PO Box, City, State, Zip) | | | | | |
| What was the alleged discrimination based on? Select all applicable: <input type="checkbox"/> Race <input checked="" type="checkbox"/> Color <input checked="" type="checkbox"/> National Origin (Including Limited English Proficiency) | | | | | Date of alleged incident |
| agency or person(s) responsible for the alleged discrimination. | | | | | |
| Name | City | State | Zip Code | Phone number | |
| | | | | | |

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Describe the alleged discrimination. Please explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach any supporting documents to this form.

PLEASE COMPLETE PAGE 3 OF THIS FORM

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ADDITIONAL INFORMATION

What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.

List any other persons that we should contact for additional information in support of your complaint. Please include their phone numbers, addresses, email addresses, etc.

| Name | City | State | Zip Code | Email | Phone number |
|------|------|-------|----------|-------|--------------|
|------|------|-------|----------|-------|--------------|

List any other agencies with whom you have filed this same complaint:

| Name | State |
|------|-------|
|------|-------|

Signature (REQUIRED)

Date: