

# Title VI Complaint Form

<b>SECTION 1:</b>		
Name:		
Address:	City:	Zip:
Phone Home:	Phone Cell:	
Email:		
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio <input type="checkbox"/> TDD <input type="checkbox"/> Other _____		
<b>SECTION II:</b>		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes" to above question, <i>skip to Section III</i>		
If you answered "No" to the above question, please include the name and relationship of the person for whom you are completing this form.		
Name:	Relationship:	
Please explain why have filed for a third party:		
Please confirm you have obtained permission from the aggrieved party to submit this complaint form. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		
<b>SECTION III:</b>		
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 <input type="checkbox"/> Disability
Date of Alleged Discrimination: Month _____ Day _____ Year _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>SECTION IV:</b>		
Have you previously filed a Title VI complaint with this Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please provide any reference information regarding the previous complaint.		

