

## TITLE VI COMPLAINT FORM

|   |                                |  |
|---|--------------------------------|--|
| <b>SECTION I:</b>   |                                |  |
| Name:   |                                |  |
| Address:  |                                |  |
| Telephone (Home):   |                                | Telephone (Work):                        |
| Electronic Mail Address:  |                                |  |
| Accessible Format   | Large Print                    | Audio Tape                               |
| Requirements?   | TDD                            | Other                                    |
| <b>SECTION II:</b>  |                                |  |
| 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                              |
| <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 |
| 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/> |                                |  |

