

Title VI Complaint Form

Name:			
Address:		City:	
State:		ZIP:	
Telephone:		E-mail:	
Accessible format of Form Needed? Check all that apply			
<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> TDD	<input type="checkbox"/> Other: Click here to enter text.
Are you filling out this complaint on your own behalf?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Name of person filing complaint:		
	Address:		
	City:		
	State:		
	ZIP:		
	Telephone:		
	E-mail:		
Your relationship to this person:			
Have you obtained permission to file on this person's behalf?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The discrimination alleged was on the basis of (check all that apply)			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Other: Click here to enter text.
Date of alleged discrimination:			
Where did alleged discrimination take place?			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved, include name and contact information of persons who discriminated against you (if known)			
<i>Click here to enter text.</i>			
Please list any and all witness' names and contact information.			
<i>Click here to enter text.</i>			
What type of corrective action would you like to see taken?			
<i>Click here to enter text.</i>			
Have you filed a complaint with any other Federal, State or local agency/court?			
<input type="checkbox"/> Yes (check all that apply)			<input checked="" type="checkbox"/> No
<input type="checkbox"/> Fed. Agency: <i>Click here to enter text.</i>		<input type="checkbox"/> Fed. Court: <i>Click here to enter text.</i>	
<input type="checkbox"/> State agency: <i>Click here to enter text.</i>		<input type="checkbox"/> State Court	
<input type="checkbox"/> Local Agency: <i>Click here to enter text.</i>		<input type="checkbox"/> Local Court	

Please attach additional documentation as necessary. Sign and date below:

X

Your Signature

Printed Name