

**Title VI Complaint Form**

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**Section I:**

**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_ **(Business):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Section II:**

**Person discriminated against (if other than complainant):**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Please explain why you have filed for a third party (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:            Yes            No**

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**Section III:**

**The name and address of the agency, institution, or department you believe discriminated against you.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of incident resulting in discrimination:** \_\_\_\_\_

**Identify the category of Discrimination:**

**Race** \_\_\_\_\_ **Color** \_\_\_\_\_ **National Origin** \_\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

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Does this complaint involve a specific individual(s) associated with agency? If yes, please provide the name(s) of the individual(s), if known.

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Where did the incident take place?

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Are there any witnesses? If so, please provide their contact information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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#### Section IV:

Have you previously filed a Title VI complaint with this agency?:                      Yes                      No

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#### Section V:

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes

No

If answer is Yes, check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**Sign the complaint in the space below. You may attach any written material, documents, or other information that you believe support or are relevant to your complaint.**

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**Complainant's Signature**

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**Signature Date**