



## TITLE VI COMPLAINT FORM

Title VI Complaint of Discrimination Form		
<b>Section I.</b>		
Complainant Name:		
Complainant Address:		
Complainant Telephone (Home):		
Complainant Electronic Mail Address:		Telephone (Work)
Accessible Format Requirements?	Large Print 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 <i>Section III</i> .		
If not name, address, phone number of the Representative for the complainant:		
<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"/> Age		
<input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain)		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain 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 needed, please use back of this form.		
<div style="border-top: 1px solid black; margin-bottom: 10px;"></div> <div style="border-top: 1px solid black; margin-bottom: 10px;"></div> <div style="border-top: 1px solid black;"></div>		
Complainant's or Representative's Signature	Date: _____	