Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact ________________________

Name__________________________________________________________

Address________________________________ City__________________ Zip__________

Phone: Home____________ Work____________ Mobile____________________

Email: __________________________________________________________

Basis of Complaint (circle all that apply):

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Origin</td>
<td>Sex/Gender</td>
</tr>
<tr>
<td>Age</td>
<td>Disability</td>
</tr>
<tr>
<td>Retaliation</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Who discriminated against you?

Name__________________________________________________________

Name of Organization__________________________________________

Address________________________________ City__________________ Zip__________

Telephone______________________________

How were you discriminated against? (Attach additional pages if more space is needed)

________________________________________________________________________

________________________________________________________________________

Where did the discrimination occur?

________________________________________________________________________

________________________________________________________________________
Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who ____________________________  When ___________________

Status (pending, resolved, etc.) ______________  Result, if known ______________

Complaint number, if known ______________

Do you have an attorney in this matter?

Name_____________________________  Phone_____________________

Address_____________________________  City_____________  Zip________

Signed_____________________________  Date__________________