

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):

Race	Color
National Origin	Sex/Gender
Age	Disability
Retaliation	Other:

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?

Name	Organization/Title	Work Telephone	Home Telephone

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 _____