



Administration Area
Department of Human Resources
Office of Equal Employment Opportunity



Title VI Complaint Form

Control Number:	Year	Month	Code	Number
			T/VI	

SECTION I

Name:

Address:

Telephone (Home): ()

Telephone (Work): ()

Electronic Mail Address:

Accessible Format Requirements?

Large Print Audio Tape TDD Other:

SECTION II

Are you filing this complaint on your own behalf?

Yes* No

***If you answer "Yes" on this question, go to Section III.**

If not, please supply the name and relationship of the person whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes No

SECTION III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible 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 witness. If more space is needed, please use the back of this form.

Form of Title VI Complaint

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SECTION IV

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

SECTION V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? Yes No

If yes, check all that apply?

Federal Agency: Federal Court: State Court:
 State Agency: Local Agency:

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____
Agency: _____
Address: _____
Telephone: () Electronic Mail Address: _____

SECTION VI

Name of agency complaint is against: _____
Contact person: _____ Title: _____
Telephone: () Electronic Mail Address: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date require below

_____ Signature

_____ Date