Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants’ Name ________________________________
2. Street Address ________________________________
3. City, State and Zip Code ________________________________
4. Telephone Number (home) ____________________ business __________________ business Cell ____________________
5. Person discriminated against (if someone other than the complainant)
   Name ________________________________
   Address ________________________________
   City, State and Zip Code ________________________________

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check reason)
   a. Race/Color ____________________
   b. National Origin ____________________
   c. Age ____________________
   d. Disability ____________________

7. What date did the alleged discrimination take place and the location?
   Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. 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 Agency
   ___ State court _____ Local Agency

9. Please provide information about a contact person at the agency/court where The complaint was filed.
   Name ________________________________
   Address ________________________________
   City, State and Zip Code ________________________________
   Telephone Number ________________________________

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

Complainant’s Signature ________________________________ Date ________________________________