

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 _____
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 _____ c. Age _____
b. National Origin _____ 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

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