## **Title VI Complaint Form**

Please complete this	form to the best of your	rability. If	you need translation or	other ass
contact				
Name		O:h	7:	
Address Phono: Homo	Mork	City	Zip Mobile	
Basis of Complaint (c	circle all that apply):			
Race*	Color*			
National Origin*	Sex/Gender			
Age	Disability			
Retaliation	Other:			
Who discriminated ag Name	•			
Name of Organization	1			
Address		City	Zip	
Telephone				
·			I pages if more space is	

<sup>\*</sup> Required field for all Title VI complaints

Where did the	discrimination occur?		
Dates and tim	es discrimination occurred?		
Were there ar	ny other witnesses to the discrii	mination?	
Name	Organization/Title	Work Telephone	Home Telephone
How would vo	ou like to see this situation reso	 lved?	
Have vou filed	d your complaint, grievance, or	lawsuit with any other ag	encv or court?
-			-
Status (pendir	ng, resolved, etc.) mber, if known	Result, if known	
Do you have a	an attorney in this matter?		
Name		Phone	
Address		City	Zip
Signed		Dat	e