Title VI Discrimination Complaint Form

This form may be printed and used for submission of Title VI Complaints

	Case Number
need perso call 9	We are asking for the following information to assist us in processing your complaint. If you help in completing this form, please let us know. If you are not able to complete the form nally, the Title VI Coordinator will assist you to do so at a mutually convenient time. Simply 31-221-0741 to make your request. If the Title VI Coordinator assists you in completing the you will still need to sign it to validate the information provided.
1.	Complainant's Name Street Address
	City, State and Zip Code
	Telephone Number – home ()
	business ()
2. Pe	rson discriminated against (if someone other than the complainant)
	Name
	Street Address
	City, State, and Zip Code
	Telephone Number ()
3. Wh you?	at is the name and location of the person/department that you believe discriminated against
	Name
	Street Address
	City, State, and Zip Code
	Telephone Number ()

oecause (of your:		
	a. Race (specify why)		
	b. Color (specify why)		
	c. National Origin (specify why)		
	d. What date did the alleged discrimination take place?		
	(Must be within the past 180 days)		
	r own words, describe the alleged discrimination. Explain what happass responsible.	pened, and wh	om yoı
	(Use more sheets or the back of this page, if needed)		

•	ou tried to resolve this complaint through internal grievance procedures at the City? Yes No
If yes,	what is the status of the grievance?
Name	and title of the person who is handling the grievance procedure.
Name	Title
	ou filed this complaint with any other federal, state, or local agency; or with any federal o
	If yes, check all that apply: Federal agency Federal court State agency State court Local agency
8. Please complaint	provide information about a contact person at the other agency/court where the was filed.
Nar	ne
Stre	et Address
City	, State, and Zip Code
Tele	ephone Number ()

9. Do	you intend to file this complaint with another agency? Yes No
	If yes, when and where do you plan to file the complaint?
	Date
	Agency
	Street Address
	City, State, and Zip Code
	Telephone Number ()
10.	Has the complaint been filed with the city before? Yes No
	If yes, when? Date
11. H	lave you filed any other discrimination complaints with the city? Yes No
	If yes, when and against whom were they filed?
	Date
	Agency
	Street Address
	City, State, and Zip Code
	Telephone Number ()
	lease sign and date this form below. You may attach any written materials or other nation that you think is relevant to your complaint.
	Complainant's Signature Date

If this form was completed by someone other than the complainant, please provide information about who assisted the citizen with this document: