

APPENDIX C

TITLE VI COMPLAINT FORM

Section 1:					
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 answered "yes" to this question, go to Section III.					
If not, please supply the name and relationship of the person for 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 filling on behalf of a third party.				Yes	No

Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin			
Date of Alleged Discrimination (Month, Date, 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 the form.					

Section IV:					
Have you previously filed Title VI complaint with this agency?				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:

<input type="checkbox"/> Federal Agency	_____
<input type="checkbox"/> Federal Court	_____
<input type="checkbox"/> State Court	_____
<input type="checkbox"/> State Agency	_____
<input type="checkbox"/> State Agency	_____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against:	_____
Contact person:	_____
Title:	_____
Telephone number:	_____

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

Signature and date required below

Signature

Date