



Title VI Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Were you discriminated against because of: (Please check the appropriate box)

Race National Origin Color Other _____

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.
