

# Title VI Discrimination Complaint Form

Please complete, sign, and return this form to the address listed at the bottom of the page.



|                  |  |       |  |       |  |
|------------------|--|-------|--|-------|--|
| Complainant name |  |       |  |       |  |
| Address          |  | City  |  | State |  |
| Phone            |  | Email |  |       |  |

|   |  |       |  |       |  |
|---|--|-------|--|-------|--|
| Person discriminated against, if different from complainant |  |       |  |       |  |
| Address   |  | City  |  | State |  |
| Phone   |  | Email |  |       |  |

|                         |                                     |                              |                              |  |                                     |                                |
|-------------------------|-------------------------------------|------------------------------|------------------------------|--|-------------------------------------|--------------------------------|
| Type of discrimination: | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Age | <input type="checkbox"/> Sex | <input type="checkbox"/> National origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |
| Date of incident        |                                     |                              |                              |  |                                     |                                |

Please provide the date and location of the alleged discriminatory actions, including both the earliest and most recent incidents.

Please provide a brief and clear account of the discriminatory incident, including details of what happened, who was involved and any differential treatment compared to others. You may also include supporting materials for your complaint. Please attach any additional written or supporting information that you believe is relevant to this complaint.

Please provide the names and contact information of persons, including witnesses or others, whom we may contact for additional information to investigate your complaint.

|  |  |       |  |
|--|--|-------|--|
| To process your complaint, please ensure it is signed and dated below. |  | MAIL  |  |
| Signature  |  |       |  |
| Date   |  | EMAIL |  |

| OFFICE USE ONLY |               |
|-----------------|---------------|
| Received by     | Date received |