



# Title VI Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Basis of Complaint (e.g.: discrimination based on race, disability, sex, age, national origin, retaliation):  
\_\_\_\_\_

Date(s) of alleged discrimination(s):  
\_\_\_\_\_

Agency or agencies where the discrimination(s) occurred:  
\_\_\_\_\_

Name(s) and position(s) (if known) of Person(s) that discriminated against you:  
\_\_\_\_\_

Please provide a detailed description of the circumstances of the incident(s) and how you were discriminated against. Please provide, if applicable, names and contact information of individuals who may have knowledge of the incident or are perceived as parties in the complained of incident Include any additional information supporting your complaint (please use additional pages as necessary):

Sign: \_\_\_\_\_

Date: \_\_\_\_\_