

## SAMPLE Title VI Complaint Form

*Note: The following information is needed to assist in processing your complaint.*

### A. Complainant's information:

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

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

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

Accessible Format Requirements? (Select One or More)

- ☐ Large Print
- ☐ TDD
- ☐ Audio Tape
- ☐ Other

### B. Person discriminated against (if someone other than complainant):

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

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

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

Relationship to the person for whom you are complaining: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

- ☐ Yes
- ☐ No



**F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.**

Federal Agency \_\_\_\_\_

Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_

State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

**If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.**

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

Title: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

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

**G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachments:** Yes \_\_\_\_\_ No \_\_\_\_\_

**H. Submit form and any additional information to:**

**INSERT APPROPRIATE CONTACT INFORMATION HERE**