## **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)				
O Large Print				
O TDD				
O Audio Tape				
O 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:				
Please confirm that you have obtained the permission of the aggrieved party if yo	u are			
filing on behalf of a third party.				
O Yes				
O No				

C. Which of the following best describes the reason you believe the discrimination took place?			
Race	Color	National Origin	
Other:			
D. On what date(s)	did the alleged discrimination	n take place?	
Date:			
Other:			
name and contac known) as well as	t information of the person(s	who were involved. Include the s) who discriminated against you (if tion of any witnesses. If additional	

Federal Agency	_
Federal Court	_
State Agency	
State Court	_
Local Agency	
If you have checked above, p	please provide information about a contact person at
the agency/court where the	complaint was filed.
Name:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
G. Please sign below. You may a you think is relevant to your	attach any written materials or other information that complaint.
Signature	Date
Attachments: Yes	No
H. Submit form and any additio	nal information to:
INSERT APPROPRIATE CONTACT	Γ INFORMATION HERE

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.