Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants’ Name ____________________________
2. Street Address ____________________________
3. City, State and Zip Code ____________________________
4. Telephone Number (home) ____________ business ____________
   Cell ____________
5. Person discriminated against (if someone other than the complainant)
   Name ____________________________
   Address ____________________________
   City, State and Zip Code ____________________________

6. Which of the following best describes the reason you believe the Discrimination took place? Was it because of your: (check reason)
   a. Race/Color ____________________________
   b. National Origin ____________________________
   c. Age ____________________________
   d. Disability ____________________________

7. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

   __________________________________________
   __________________________________________
   __________________________________________

8. Have you filed this complaint with any other federal, state, or local agency; or With any federal or state court? ____________ Yes ____________ No
   If yes, check all that apply:
   _____ Federal Agency    _____ Federal Court    _____ State Agency
   _____ State court    _____ Local Agency

Paul M. Smith
Director of Human Resources
9. Please provide information about a contact person at the agency/court where The complaint was filed.
   Name__________________________________________________________
   Address________________________________________________________
   City, State and Zip Code__________________________________________
   Telephone Number_______________________________________________

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

________________________________________________________________________
Complainant’s Signature                      Date