Attachment 2

Title VI Discrimination Complaint Form

Name______________________________

Address____________________________City___________________Zip________

Telephone: Home_______________ Work______________ Cell_______________

Basis of Complaint

Race ____________   National Origin      ____________
Color ____________   Disability (ADA     ____________
Sex    ____________            Age   ____________
Low-Income   ( Y / N)

Who allegedly discriminated against you?

Name______________________________

Address____________________________City___________________Zip________

Telephone____________________________

If an organization, what is its name?

Name of Organization_________________________________________

Address____________________________City___________________Zip________

Telephone____________________________

Name of Contact__________________________________

How were you discriminated against?

_____________________________________________________________________________

Where did the alleged discrimination occur?

_____________________________________________________________________________
Date/s and times discrimination occurred?

First time

Second time

Third time

Were there any other witnesses to the discrimination?

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What can the Department do to resolve the complaint?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have you filed your complaint with anyone else?

Who

When

Complaint number, if known

Do you have an Attorney in this matter?

Name

Address City Zip

Signed Date