



**Title VI Complaint of Discrimination Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Basis of Complaint**

Race  Sex  Age  Disability (ADA)   
Color  National Origin  Low-Income  Limited-English Proficiency

**Who allegedly discriminated against you?**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**If an organization, what is its name?**

Name of Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**How were you discriminated against?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did the alleged discrimination occur?**

\_\_\_\_\_  
\_\_\_\_\_