

TITLE VI - COMPLAINT FORM

Section I:							
Name:							
Address:							
Telephone (Home):		Telephone (Work):					
Email:							
Accessible Format	Large Print		Audio Tape				
Requirements?	TDD		Other				
Section II:							
Are you filing this complaint on your own behalf?			Yes*	No			
*If you answered "yes" to this question, go to Section III.							
If not, please supply the nat	me and relationship of t	the person					
for whom you are complain	ning:						
Please explain why you have filed for a third party:							
Please confirm that you have obtained the permission of the			Yes	No			
aggrieved party if you are filing on behalf of a third party.							
Section III:							
I believe the discrimination I experienced was based on (check all that apply):							
[] Race [] Color [] National Origin [] Other							
Date of Alleged Discrimination (M/D/Y):							
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe							
all persons who were involved. Include the name and contact information of the person(s) who discriminated							
against you (if known) as well as names and contact information of any witnesses. If more space is needed,							
please use the back of this form.							
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Have you previously filed a complaint with this agency? Yes No Section V	Section IV						
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 Court:	Have you previously filed a complaint with this agency?		Yes	No			
court? [] Yes [] No If yes, check all that apply: [] Federal Agency: [] Federal Agency: [] State Agency: [] Local Agency: [] Local Agency: [] Local Agency: [] Name: Title: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Title:	Section V						
If yes, check all that apply: [] Federal Agency: [] State Agency: [] Local Agency: [] Local Agency: [] Local Agency: [] Local Agency: [] I core and the agency/court where the complaint was filed. Name: Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Title: Title:							
[] Federal Agency: [] State Agency: [] State Agency: [] Local Agency: [] Local Agency: Please provide information about a contact person at the agency/court where the complaint was filed. Name: Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Title: Title:	[]Yes []No						
[] State Agency: [] State Court: [] Local Agency: Please provide information about a contact person at the agency/court where the complaint was filed. Name: Name: Title: Agency: Agency: Address: Telephone: Section V1 Name of agency complaint is against: Contact person: Title: Title: Telephone number:	If yes, check all that apply:						
[] Local Agency:	[] Federal Agency: [] Federal Court:						
Please provide information about a contact person at the agency/court where the complaint was filed. Name: Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	[] State Agency: [] State Court:						
Name: Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	[] Local Agency:						
Title: Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	Please provide information about a contact person at the agency/court where the complaint was filed.						
Agency: Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	Name:						
Address: Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	Title:						
Telephone: Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	Agency:						
Section VI Name of agency complaint is against: Contact person: Title: Telephone number:	Address:						
Name of agency complaint is against: Contact person: Title: Telephone number:	Telephone:						
Contact person: Title: Telephone number:	Section VI						
Title: Telephone number:	Name of agency complaint is against:						
Telephone number:	Contact person:						
1	Title:						

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to: U.S. Department of Justice Civil Rights Division Federal Coordination and Compliance Section, NWB 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530 1-888-848-5306