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| --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | | Accessible Format Requirements? | Large Print |  | Audio Tape |  |
| TDD |  | Other |  |
| Section 1 | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone (Home): | Telephone (Work): | | | | |
| E-mail Address: | | | | | |
| Section 2 | | | | | |
| Are you filing this complaint on your own behalf? | Yes\* | No | \*If you answered "yes", go to section 3 | | |
| If not, please supply the name and relationship of 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 you are filing on behalf of a third party. | Yes | Date of Alleged Discrimination (Month, Day, Year) | | | |
| No |
| Section 3 | | | | | |
| I believe the discrimination I experienced was based on (Check all that Apply) | | |  | Race | |
| On the reverse side, please 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 attach a seperate sheet. | | |  | Color | |
|  | National Origin | |
|  | Other | |
| Section 4 | | | | | |
| Have you previously filed a Title 6 complaint with this agency? | Yes | No | If yes, check all that apply: | | |
| [ ] Federal Agency | | |
| Have you filed this complaint with any other Federal, State, Local agency, or with and Federal or State Court? | Yes | No | [ ] Federal Court | | |
| [ ] State Court | | |
| [ ] State Agency | | |
| Contact information of agency/court where complaint was filed: | | | [ ] Local Agency | | |
| Name: | | | | | |
| Title: | | | | | |
| Agency: | | | | | |
| Address: | | | Phone: | | |
| Section 5 | | | | | |
| Name of Agency complaint is against: | | | Phone: | | |
| Contact Person: | | Title: | | | |
| You may attach any written materials or other information that you think is relevant to your complaint. | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Name: | Date: | | |  | |
| Description: | | | | | |
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| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
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| For Office Use Only | | | | | |
| Date Received: | Recorded: | | Notified: | | |