

# TITLE VI/CIVIL RIGHTS COMPLAINT FORM



## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers:

(Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

## Discrimination Complaint

Name of Staff Person(s) that You Believe Discriminated Against You:

\_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

*You were discriminated because of:*

### TITLE VI

Color

National Origin

Race

### OTHER STATUTES

Age

Disability

Sex

