TITLE VI/CIVIL RIGHTS COMPLAINT FORM

Race



Contact Information Name: City: _____ State: _____ Zip: _____ Telephone Numbers: (Home): _____ (Cell): _____ (Work): ____ **Discrimination Complaint** Name of Staff Person(s) that You Believe Discriminated Against You: Date of Alleged Incident: You were discriminated because of: OTHER STATUTES TITLE VI Color Age National Origin Disability

Sex

| | possible what happened and how you were ho was involved. Be sure to include how other | | |
|---|---|-------------------------------------|--------|
| persons were treated differently than you. Also attach any written material pertaining to your case such as any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint. (Please be sure to provide contact information to the supervisors of the supervisors | | | |
| | | and use additional sheets if necess | sary.) |
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| Signature: | Date: | | |

Email the completed form to or by U.S. Mail to: Benny.Bergantino@doa.ri.gov, Title VI Manager, Rhode Island Division of Statewide Planning, 235 Promenade Street, 2nd Floor, Suite 230, Providence, RI 02908