



**TITLE VI COMPLAINT**

<u>Name</u>		<u>Telephone Number</u>	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<u>Name of Person(s) That Discriminated Against You</u>		<u>Position (if known)</u>	
<u>Date of Incident</u>	<u>Location of Incident</u>		
<u>Address (if known)</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<u>Reason for Discrimination</u>			
<input type="checkbox"/> <u>Race</u> <input type="checkbox"/> <u>Age</u> <input type="checkbox"/> <u>Color</u> <input type="checkbox"/> <u>Sex</u> <input type="checkbox"/> <u>Disability</u> <input type="checkbox"/> <u>National Origin</u> <input type="checkbox"/> <u>Retaliation</u> <input type="checkbox"/> <u>Other, specify:</u>			
<u>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.</u>			
<u>Signature</u>		<u>Date</u>	