

**TITLE VI COMPLAINT FORM**For instructions see page 2  
(03-2012)**PART I - COMPLAINANT INFORMATION** (Print all items legibly.)

|                 |       |               |
|-----------------|-------|---------------|
| Name            |       | Telephone     |
| Mailing Address |       | Email Address |
| City            | State | Zip Code      |

**PART II - CAUSE OF DISCRIMINATION BASED ON** (Check appropriate box[es].)

Race     Color     National Origin  
 Sex     Age     Disability/Handicap     Income Status

**PART III - THE PARTICULARS ARE** (Include names, dates, places, and incidents involved in the complaint.)  
(If additional space is needed, attach extra sheet[s].)**PART IV - REMEDY SOUGHT** (State the specific remedy sought to resolve the issue[s].)**PART V - VERIFICATION**

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_