

## 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].)

[illegible]

**PART IV - REMEDY SOUGHT** (State the specific remedy sought to resolve the issue[s].)



## PART V - VERIFICATION

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