

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:		•		
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	
Section II:		,		
Are you filing this complain		Yes*	No	
*If you answered "yes" to	this question, go to Section	on III.	,	
If not, please supply the na	me and relationship of th	ne person		
for whom you are complain		•		
Please explain why you ha	ve filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination	I experienced was base	d on (check a	ll that apply):	
[] Race [] C	or [] National Origin			
Date of Alleged Discrimina	ation (Month, Day, Year):		
Explain as clearly as possible against. Describe all person the person(s) who discriminates	ns who were involved. In	clude the nar	ne and contact inf	formation of

of any witnesses. If more space is needed, please use the back of	f this form.		
Section IV			
Have you previously filed a Title VI complaint with this agency?	Yes	No	
Section V			
Have you filed this complaint with any other Federal, State, or or State court?	ocal agency, or v	vith any Federa	
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court [] State Ag			
[] State Court [] Local A	[] Local Agency		
Please provide information about a contact person at the agency filed.	/court where the	complaint was	
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			
You may attach any written materials or other information that y complaint.	ou think is releva	nt to your	
Signature and date required below			
Signature	Date		