

TITLE VI COMPLAINT FORM

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Name: _____ Address: _____

Phone Number: _____ Email: _____

Person Discriminated Against (if not the complainant)

Name: _____ Relationship: _____

Basis of Complaint

Check all that apply:

- ☐ Race
- ☐ Color
- ☐ National Origin

Date of Incident (month, day, year)

Location of Incident

Description of Incident (explain as clearly as possible what happened and why you believe you were discriminated against)

Signature

Date

Return this in person or by mail.

Colleen Marcus Executive Director

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