

Today's Date:

Last Name:

First Name:

M:

E-mail:

Phone Number:

Address:

Apt or Unit:

City:

State:

Zip:

Preferred method of contact:

Best time to contact you:

I believe I was discriminated against based on my (check all that apply):

Race

Color

National Origin

Age

Disability

Sex

Income Status

Other:

Have you filed this complaint with any other governmental agency?

If yes, which agency?

What is the status of the complaint?

Date discrimination occurred:

Most recent date of discrimination (if different from above):

Agency/Business Name:

Phone Number:

Address:

City:

State:

Zip:

Name(s) and job title(s) of individual(s) who allegedly discriminated:



**Complainant's Signature:**

**Date:**

**Return the completed form to:**

Title VI Coordinator:

**Mail:**

Email:

Phone:

Fax: