

Section I:

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Electronic Mail Address: _____

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:

Are you filing this complaint on your own behalf?	Yes*	No
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*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining: _____

Please explain why you have 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
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Section III:

I believe the discrimination I experienced was based on (check all that apply):

 Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

 Yes No