

TITLE VI COMPLAINT FORM

Section I:		
Name:		
Address:		
City:	State:	ZIP:
Telephone:	Work Telephone:	
Email:		

Accessible format requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:		
Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "YES" to this question, go to Section III.		
If not, please supply the name and the 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

Section III:	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race	<input type="checkbox"/> Color <input type="checkbox"/> 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 another sheet of paper.	

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 local agency, or with any Federal or State Court? *YES NO

*If YES, check all that apply:
 Federal Agency: _____
 Federal Court: _____
 State Court: _____
 State Agency: _____
 Local Agency: _____

Please provide information about the contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Agency: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

Section VI:

Name of the agency complaint is against: _____
Contact Person: _____
Title: _____
Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:
PHASE Title VI Coordinator
106 Main, PO Box 126
Sandstone, MN 55072