

Title VI Complaint Form

1. Date complaint filed: _____

2. ECD Staff person (please also list title) who was notified of complaint:

3. Complainant Information	
Name	
Address	
City, State, Zip	
Telephone#	cell
Basis of Discrimination _	racenational origincolor

4. Respondent Information (party/parties you believe discriminated against you)

Name		
Address		
City, State, Zip		_
Telephone#	cell	_
Division of ECD		

5. When did the discriminatory act(s) occur? Beginning date of alleged discriminatory act?______ Most recent date of alleged discriminatory act?______ Is the alleged discriminatory act ongoing? _____yes _____no

- 6. Which of the following action(s) do you believe were taken against you? (Check all that apply) _____ denied program service, aid or benefit
- ____ received service or benefit differently or inferior to those provided to others
- _____subjected to segregate or separate treatment related to the receipt of any service or benefit ______denied opportunity to participate as member of planning or advisory body
- _____retaliated against as result of alleging any of the above
- ____other



7. In your own words, describe alleged discriminatory acts. Please provide date(s), when applicable. If others were treated differently than you, please describe.

8. Witnesses

Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact info as possible. *This list will not be provided to the Resondent(s) named in your complaint.*

1.	Name
	Address
	Phone Number

Email Address

- 2. Name ______ Address _____ Phone Number _____ Email Address _____
- 3. Name ______

Address ______
Phone Number ______
Email Address ______