

## **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 \_\_\_\_\_\_