



Title VI Program and Related Statues Discrimination Complaint Form

Name:

Address:

Telephone:

☐ Work

☐ Cell

☐ Home

Name of City Person or Project that you believe discriminated against you.

Date of the alleged incident (mm/dd/yyyy)

Why do you believe you were discriminated against, because of:

☐ Race

☐ Retaliation

☐ Gender

☐ Family Status

☐ Religion

☐ Color

☐ Nationality

☐ Age

☐ Disability

☐ Other (please state any below)

Please explain as briefly and precisely as possible what happened and how you believe you were discriminated against. Indicate who was involved. Please attach any written material pertaining to your case.

Signature: _____

Date: