

**TITLE VI AND RELATED STATUTES
DISCRIMINATION COMPLAINT**

Your Contact Information

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____
Work Phone: _____
Email: _____

Discrimination Complaint

Name of Agency or Person that You Believe Discriminated Against You:

Date of Alleged Incident(s):

You believe you were discriminated because of (check all that apply):

- Race**
- Retaliation**
- Sex**
- Familial Status**
- Religion**
- Color**
- National Origin (Language)**
- Age**
- Disability**
- Other**

Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved, including any witnesses. Be sure to include how other persons were treated differently than you, if applicable. Also attach any relevant written material pertaining to the incident(s):

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, which? _____ Federal Court _____ State Court _____ Federal Agency _____ State Agency _____ Local Agency

Signature: _____ **Date:** _____