

**DISCRIMINATION COMPLAINT AGAINST ACT
TITLE VI AND RELATED STATUTES**

Contact Information

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

Discrimination Complaint

Name of Staff Person that You Believe Discriminated Against You: _____

Date of Alleged Incident: _____

- You were discriminated because of:
- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> National Origin (Language) |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Other |

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:

Signature: _____

Date: _____
