



Title VI Complaint Form

If you believe you were discriminated against on the grounds of race, color, national origin, or limited English proficiency, were excluded from participation in, were denied the benefits of, or were subjected to discrimination under any and all programs, services, or activities including all employment practices, please complete this form. Retaliation is strictly prohibited.

Complainant Name: _____

Address: _____

Phone Number / Email: _____

Date of Alleged Discrimination: _____

Location of Incident: _____

Names of Individuals Involved: _____

Description of the Complaint:

Signature: _____ Date: _____

Title VI / ADA Coordinator

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