

# TITLE VI COMPLAINT FORM

## SECTION 1

Name:

Address:

Phone (Home):

Phone (Work):

Email Address:

Accessible Format Requirements? (circle any that apply)

Large Print

TDD

Audio Tape

Other

## SECTION 2

Are you filing this complaint on your own behalf? Yes\* No

\*If you answered "yes" to this question, go to section III

If not, please supply the name and relationship of the person for whom you are complaining

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. YES NO

## SECTION 3

I believe the discrimination I experienced was based on (check all that apply):

( ) Race ( ) Color ( ) National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed please use the back of this form.

## SECTION 4

Have you previously filed a Title VI complaint with this agency? ( ) Yes ( ) No

**SECTION 5**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal State Court? ( ) Yes ( ) No

If yes, check all that apply:

- ( ) Federal Agency: \_\_\_\_\_ ( ) State Agency: \_\_\_\_\_
- ( ) Federal Court: \_\_\_\_\_ ( ) Local Agency: \_\_\_\_\_
- ( ) State Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Phone:

**SECTION 6**

Name of agency complaint is against:

Contact Person:

Title:

Phone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Katie Neegaard, Executive Director of Jobs Plus  
200 16<sup>th</sup> Ave SE, Waseca, Mn. 56093