Title VI Complaint Form

1. Date complaint filed: __________________________

2. ECD Staff person (please also list title) who was notified of complaint:
   ______________________________________________________

3. Complainant Information
   Name_________________________________________________
   Address_________________________________________________________________
   City, State, Zip______________________________________________________
   Telephone# ___________________________ cell ___________________________
   Basis of Discrimination ___ race ___ national origin ___ color

4. Respondent Information (party/parties you believe discriminated against you)
   Name_______________________________________________________
   Address_________________________________________________________________
   City, State, Zip______________________________________________________
   Telephone# ___________________________ cell ___________________________
   Division of ECD___________________________________________________

5. When did the discriminatory act (s) occur?
   Beginning date of alleged discriminatory act? _____________________________
   Most recent date of alleged discriminatory act? _____________________________
   Is the alleged discriminatory act ongoing? _____ yes _____ no

6. Which of the following action(s) do you believe were taken against you? (Check all that apply)
   ___ denied program service, aid or benefit
   ___ received service or benefit differently or inferior to those provided to others
   ___ subjected to segregate or separate treatment related to the receipt of any service or benefit
   ___ denied opportunity to participate as member of planning or advisory body
   ___ retaliated against as result of alleging any of the above
   ___ other
7. In your own words, describe alleged discriminatory acts. Please provide date(s), when applicable. If others were treated differently than you, please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Witnesses
Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact info as possible. This list will not be provided to the Respondent(s) named in your complaint.

1. Name _____________________________________________________________
   Address ___________________________________________________________
   Phone number _______________________________________________________
   Email address _______________________________________________________  

2. Name _____________________________________________________________
   Address ___________________________________________________________
   Phone number _______________________________________________________
   Email address _______________________________________________________  

3. Name _____________________________________________________________
   Address ___________________________________________________________
   Phone number _______________________________________________________
   Email address _______________________________________________________  