

# Title VI Complaint Form

## Section I

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

Accessible Format Requirements?  Yes  No

Large Print  Audio Tape  TDD  Other

## Section II

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 III

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 IV**

Have you previously filed a Title VI complaint with this agency? \_\_\_\_ Yes \_\_\_\_ No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? \_\_\_\_ Yes \_\_\_\_ No

If yes, check all that apply:

\_\_\_\_ Federal Agency \_\_\_\_ Federal Court \_\_\_\_ State Agency \_\_\_\_ State Court \_\_\_\_ Local Agency

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

Name:

Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person \_\_\_\_\_ Title:

Telephone number:

You may attach any written materials or other information 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:*

Grievance Committee  
Independent Living Partnership  
6235 River Crest Drive, Suite Q  
Riverside CA 92507-0578.