

S.T.A.G.E. Title VI Complaint Form

Complainant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Secondary Phone (optional): _____
Email Address: _____
Name of person discriminated against (if different) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
What is your relationship with this individual: _____
Please explain why you have filed for a third party: _____

Please confirm that you have obtained permission of the aggrieved party to file on their behalf. Yes No

Which of the following best describes the discrimination that was experienced (check all that apply):

Race Color National Origin Sex Age

Date of alleged discrimination: (mm/dd/yyyy): _____

Please explain the alleged discrimination incident as clearly as possible. *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.*

Have you previously filed a Title VI complaint with S.T.A.G.E.? Yes No

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

*If yes, provide information about a contact person at the agency/court where the complaint was filed:

Name: _____ Title: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below to complete the form.

Signature

Date