

# 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

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 you complaint. Your signature and date are required below to complete the form.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**