



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

