**TITLE VI COMPLAINT FORM**

|  |  |
| --- | --- |
| **Name of Complainant** | **Home Phone** |
| **Home Address** | **Work Phone** |
| **Email** | |
| **Person discriminated against (if other than Complainant)** | **Home Phone** |
| **Home Address** | **Work Phone** |

|  |  |  |
| --- | --- | --- |
| 1. Specific basis of discrimination (circle all that apply): | | |
| RACE | COLOR | NATIONAL ORIGIN |

|  |  |  |
| --- | --- | --- |
| 1. Date of alleged discriminatory acts: |  | |
| 1. Respondent (Name, position and work location of person you believe discriminated against you (if applicable): | | |
| **Name** | | |
| **Position** | | **Work Location** |

***(CONTINUE TO COMPLETE REVERSE SIDE)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Describe how you believe you were discriminated against. What happened and who was responsible? If needed, attach additional sheets of paper. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 1. Did you file this complaint with another federal, state or local agency; or with a federal or state court? | | | | | YES | NO |
| FEDERAL AGENCY | | FEDERAL COURT | | STATE AGENCY | STATE COURT | LOCAL AGENCY |
| Agency Name and Date Filed | |  | | | |

|  |  |
| --- | --- |
| 1. Provide contact person information for the additional agency or court: | |
| **Name** | **Home Phone** |
| **Home Address** | **Work Phone** |

Sign complaint in the space below. Attach any supporting documents.

|  |  |
| --- | --- |
| **Signature** | **Date** |

**Please complete and return to:**

**The Village Centers**

**ATTN: Kristy Conrad, Executive Director**

[**info@thevillagecenters.org**](mailto:info@thevillagecenters.org)

**or**

3819 Plum Valley Drive

Kingwood, TX 77339