

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

2. Date of alleged discriminatory acts: _____

3. Respondent (Name, position and work location of person you believe discriminated against you (if applicable):

Name	
Position	Work Location

(CONTINUE TO COMPLETE REVERSE SIDE)

4. Describe how you believe you were discriminated against. What happened and who was responsible? If needed, attach additional sheets of paper.

5. 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 _____

6. 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
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Please complete and return to:

The Village Centers

ATTN: Maritsa Andre, Executive Director

info@thevillagecenters.org

or

3819 Plum Valley Drive

Kingwood, TX 77339