## **Title VI Complaint Form**

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Email Address:		·			
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
	4		V*	NI -	
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to the					
If not, please supply the na for whom you are complain	•	ne person			
Please explain why you ha	ve filed for a third party:		•		
Please confirm that you have obtained the permission of aggrieved party if you are filing on behalf of a third part			Yes	No	
Section III:					
I believe the discrimination	I experienced was base	d on (check	k all that apply):		
[] Race [] Co	olor [] National Origin				
Date of Alleged Discrimina	tion (Month, Day, Year):				
Explain as clearly as possi against. Describe all perso the person(s) who discrimination of any witnesses.	ns who were involved. In nated against you (if kno	clude the n wn) as well	name and contact in as names and con	nformation of stact	
[					

Section IV			
Have you previously filed a Title VI complaint with this agency?		Yes	No
Section V			
Have you filed this complaint with any other Fedor State court?	deral, State, or lo	ocal agency, or v	with any Federal
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court	[] State Age	ency	
[] State Court	[] Local Agency		
Please provide information about a contact persfiled.	son at the agenc	y/court where th	ie complaint was
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			
You may attach any written materials or othe complaint.	r information tha	t you think is rel	evant to your
Signature and date required below.			
Signature		Date	
Please submit this form in person at the addr	ess below, or m	ail this form to:	
Title VI Coordinator 122 Jefferson Street P.O. Box 179			

Findlay, Ohio 45839