TITLE VI COMPLAINT FORM

Section I
Name: ____________________________
Address: __________________________
Telephone (Home): ________________ Telephone (Work): ________________
Electronic Mail Address: __________________________

Accessible Format Requirements? Large Print Audio tape
TTD Other

Section II
Are you filing this complaint on your own behalf: Yes* No
*If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are complaining: __________________________
Please explain why you have filed for a third party: ________________________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Section III
I believe the discrimination I experienced was based on (check all that apply):
( ) Race ( ) Color ( ) National Origin
Date of Alleged discrimination (Month, Day, Year) __________________________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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.
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 Federal, State, or local agency, or with any Federal or State court?
( ) Yes  ( ) No
If yes, check all that apply:
( ) Federal Agency: ______________________
( ) Federal Court: ______________________
( ) State Agency: ______________________
( ) State Court: ______________________
( ) Local Agency: ______________________

Please provide information about a contact person at the agency/court where the complaint was filed.
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 other information that you think is relevant to your complaint.
Signature and date required below.

__________________________________________  __________________________
Signature  Date

Please submit this form in person at the address below, or mail this form to:
Title VI Coordinator
140 Hwy 50-PO Box 70
Lake Andes SD  57356