TITLE VI COMPLAINT FORM

Section I

Name:_____

Address:_____

Telephone (Home):_____Telephone (Work):_____

Electronic Mail Address:_____

Accessible Format Requirements? Large Print TTD Audio tape 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