

## TITLE VI COMPLAINT FORM

### Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format  
Requirements?

Large Print

TDD

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 you answered "no", 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. If more space is needed, please use the back of this form.

<b>Section IV:</b>				
Have you previously filed a Title VI complaint with this agency?	Yes		No	
<b>Section V:</b>				
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: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____				
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:		Agency:		
Title:		Telephone:		
Address:				
<b>Section VI:</b>				
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:

City of Sisters  
 City Recorder  
 520 E. Cascade Ave.  
 PO Box 39  
 Sisters, OR 97759