

## **Title VI Complaint Form**

| Section I:   |               |  |  |  |
|--|---------------|--|--|--|
| Name:  |               |  |  |  |
| Address:   |               |  |  |  |
| Telephone (Home):  |               | Telephone (Work):                                    |  |  |
| Electronic Mail Address:   |               |  |  |  |
| Accessible Format Requirements? [  | ]Large Print  | []Audio Tape   |  |  |
| [  | ]TDD          | []Other  |  |  |
| Section II:  |               |  |  |  |
| Are you filing this complaint on your own behalf? [] Yes [] No   |               |  |  |  |
| *If you answered "yes" to this question, go to Section Ill.  |               |  |  |  |
| 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 p  | permission of | the aggrieved party if you are filing on behalf of a |  |  |
| 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 happene  | d and why yo  | ou 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.   |               |  |  |  |
|  |               |  |  |  |
|  |               |  |  |  |
|  |               |  |  |  |
|  |               |  |  |  |
|  |               |  |  |  |

| 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.             |  |  |  |
|  |  |  |  |
| 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 City of Durham Transportation Department 101 City Hall Plaza Durham, NC 27701 Phone: 919-560-4366 Email: titlevi@durhamnc.gov