

TITLE VI COMPLAINT FORM

Section A					
Name:					
Address:					
Phone (Home):			Phone (Work):		
Email:					
Accessibility	Large Print	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Audio Recording
					Other:
Section B					
Are you filing this complaint on your own behalf?				Yes*	No
*If you answered "yes" to this question, go to Section C .					
If not, please supply the name and relationship of the person for whom you are filing:					
Please explain why you have filed for a third party:					
Please confirm that you have obtained the permission of the aggrieved party to file on their behalf:				Yes	No
Section C					
I believe the discrimination I experienced was based on (check all that apply):					
<input type="radio"/> Race <input type="radio"/> Color <input type="radio"/> 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.					

Section D		
Have you previously filed a TITLE VI complaint with this agency? If so, when?	Yes	No
Section E		
Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court?		
<input type="radio"/> Yes <input type="radio"/> No		
If "yes", check all that apply:		
<input type="radio"/> Federal Agency: _____ <input type="radio"/> Federal Court: _____ <input type="radio"/> State Agency: _____ <input type="radio"/> State Court: _____ <input type="radio"/> Local Agency: _____		
Please Provide information about the contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Phone:		
Section F		
Name of agency complaint is against:		
Contact person:		
Title:		
Phone:		

You may attach any written materials, photos, or other relevant information to this complaint.

-Signature and date required below-

Signature

Date

Please submit this form in person at the address below or mail this form to:

**Attn: Executive Director- Span, Inc.
1800 Malone Street · Denton, Texas 76201**