

Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with NLCOG. You are not required to use this form; a letter with the same information is sufficient. However, the information **highlighted** must be provided, whether or not the form is used.

1. State your name and contact information.

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Telephone: (_____) _____

Other Telephone: (_____) _____

2. Person(s) discriminated against, if different from above:

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Telephone: (_____) _____

Other Telephone: (_____) _____

Please explain your relationship to this person(s): _____

3. Agency and department or program that discriminated:

Agency Name: _____

Any individual if known: _____

Address: _____

City, State: _____ Zip: _____

Telephone: (_____) _____

4. Please indicate below the basis on which you believe the discrimination occurred. (Please check all that apply.)

Race / Color

Ethnicity / National origin

Sex:

Age:

Disability

Retaliation

5. What is the most convenient time and place for us to contact you?
