

TITLE VI COMPLAINT FORM

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Name:		Date:	
Address:			
City:		State:	Zip:
Phone:	Second Phone:		
Accessible Format Requirements?	Large Print <input type="checkbox"/>	Audio <input type="checkbox"/>	Other <input type="checkbox"/>

I believe the discrimination I experienced was based on (check all that apply):

- | | | | |
|-------------------------------|--------------------------------|--|--------------------------------|
| Race <input type="checkbox"/> | Color <input type="checkbox"/> | National Origin <input type="checkbox"/> | Age <input type="checkbox"/> |
| Sex <input type="checkbox"/> | Creed <input type="checkbox"/> | Disability <input type="checkbox"/> | Other <input type="checkbox"/> |

Date of Alleged Discrimination: _____

Provide details on the discrimination event: (How were you discriminated against, who was involved, any additional or helpful information please provide). Include all parties that were involved in your description. Refer to page 2 in case additional space is required.

Name of Agency the complaint is against: (any information possible, title, name, location)

Names of persons (witnesses or others) who may contact us with additional information to support or clarify your complaint:

Name	Telephone	Address	Email	Comments

All compliant forms should be filled out and sent to:

Magdalena Nodal Senior Analyst – Civil Rights Coordinator/Liaison
1701 Airport Blvd. Ste. B-1130, San José, CA 95110, (408) 392-3673 or MNodal@sjc.org

Signature:	Date:
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