

**APPENDIX 51**

**SAMPLE TITLE VI COMPLAINT FORM (GENERAL REQUIREMENT)**

**Background**

Subrecipients must create and make available a Title VI Complaint Form for use by customers who wish to file a Title VI complaint. The complaint form shall be available on the subrecipient's website. A recipient's Title VI Complaint Form shall specify the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. The Title VI Complaint Form is a vital document. If any of the Limited English Proficient (LEP) populations in your service area meet the Safe Harbor threshold (see Chapter III), then the procedure should be provided in English *and* in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

*The sample below is provided for the purposes of guidance only.*

<b>Section I:</b>
Name:
Address:
Telephone (Home): Telephone (Work):
Electronic Mail Address:
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD
Other:
<b>Section II:</b>
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If you answered "yes" to this question, go to Section III.
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 permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section III:</b>
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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 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 filed.

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:  
City of USA Title VI Coordinator  
1234 Center Street  
City of USA, State 11111