

TITLE VI COMPLAINT FORM

Use this form to file Title VI Complaint(s) with the City of Milton-Freewater

SECTION I

Name:			
Address:			
Telephone (Home):		Telephone (Work/Cell):	
E-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 III		
If your answer was "no", 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 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 was based on (check all that apply):

 Race Color Gender 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 additional paper.

SECTION IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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SECTION V

Have you filed this complaint with Federal, State or local agency, or with Federal or State court?	Yes	No
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If yes, check all that apply:

 Federal Agency Federal Court
 State Agency State Court Local Agency

Please provide contact information at the agency/court where the complaint was filed.

Name:	Title:
Agency:	Phone:
Address:	

SECTION VI

Name of agency complaint is against:	
Contact Person:	Title:
Phone:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____

Please submit this form in person or mail this form to the address below:
City of Milton-Freewater
ATTN: Human Resource Department
PO Box 6 – 722 S. Main Street
Milton-Freewater, OR 97862