

TITLE VI COMPLAINT FORM

Section 601 under Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." **If you feel you have been discriminated against, please provide the following information in order to assist in processing your complaint.**

SECTION I

Name:			
Address:			
Phone Number(s):	Home:	Work:	Cell:
Email Address:			
Accessible format requirements? (Please list):			

SECTION II

Are you filing this complaint on your behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered yes to this question, please go to Section III.		
If not, please supply the name and the relationship of the person for whom you are complaining:		
Name:		
Relationship:		
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 the third party:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TITLE VI COMPLAINT FORM

SECTION III

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

Race

Color

National Origin

Date of Alleged Discrimination (month, day, year):

Name(s) and title(s) of the person(s) you believe discriminated against you (if known):

Please explain why you have filed for a third party:

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the names and contact information of any witnesses. If more space is needed, please attach pages to this form:

TITLE VI COMPLAINT FORM

SECTION IV

Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please check all that apply:		
<input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name:		
Title:		
Agency:		
Address:		
Telephone Number:		

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

I believe the above information is true and correct to the best of my knowledge. Signature and date required below:

Signature

Printed Name

Date

Please submit this form in person or by mail to:

Nevada-Sierra Connecting Point Public Authority
Attention: Charisse Jones
208 Sutton Way
Grass Valley, CA 95945