

TITLE VI COMPLAINT FORM

Section I					
Name:					
Address:					
Home phone:			Work phone:		
Email					
Accessible Requirements?	Format	Large print		Audiotape	
		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 you answered "no", please state the name and relationship of the person for whom you are filing this complaint:		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 a third party.				Yes	No
Section III					
I believe the alleged discrimination I experienced was based on (check all that apply):					
<u>Title VI</u> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		<u>Other Federal Non-Discrimination Statutes</u> <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Disability			
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 you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use a separate page and attach it to this form.					
Name of agency complaint is against:					
Contact person:					
Title:					
Phone:					
Explanation:					

Section IV

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

By signing below you acknowledge that the information in this complaint is true and accurate to the best of your knowledge and belief.

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Denver Regional Council of Governments
Contracts Department
Title VI Coordinator
1290 Broadway, Suite 100
Denver, CO 80203
303-455-1000