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):

Title VI Other Federal Non-Discrimination Statutes
[ ] Race [ ] Color [ ] National Origin [ ]Gender [ ]Age [ ]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
Human Resources
Title VI Coordinator
1001 17th St., Suite 700
Denver, CO 80202
303-455-1000