



TITLE VI COMPLAINT FORM

Date Complaint Taken _____ Tracking No. _____

Name of Complainant _____

Address _____ Phone No. _____

Person Discriminated Against (if other than Complainant) _____

Address _____ Phone No. _____

Date, Time & Place Incident Occurred _____

Nature of Complaint Race Color National Origin

Details of Complaint _____

Complaint Taken By _____

INVESTIGATION _____

ACTION RECOMMENDED _____

By _____

RECORD OF FINAL ACTION _____

By _____