

Attachment "B"

Title VI Complaint Form

Name:		
Address:		
City:		
Telephone:	(home)	(work)
Were you discriminated against because:		
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Color
<input type="checkbox"/> Other: (Explain)	<input type="checkbox"/> Disability	
Date of Alleged Incident:		
Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of the form.		
Have you filed this complaint with any other Federal, State, or Local Agency; or any Federal or State Court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency	
Please provide contact person at the agency/court where the complaint was filed. Name:		
Address:		
City, State & Zip Code:		
Telephone:		

Please sign below. You may attach any written materials or other information that you believe is relevant to your complaint.

Signature

Date

Please mail this form to:

City of San Angelo
Attention: HR Director
72 W. College Avenue
San Angelo, TX 76903