

Title VI Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Home/Cell Phone No: _____ Work Phone No: _____

Were you discriminated against because of:

Race Color Sex National Origin

Other _____

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 or attach additional sheet.

Have you filed this complaint with any Federal, state or local agency or with any Federal or state court?

Yes No

If yes, check all that apply:

Federal agency Federal court State agency State Court

Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

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

Signature

Date

Please mail this form to:

*Title VI Coordinator
Greater East End Management District
3211 Harrisburg Blvd.
Houston, TX 77003
713-928-9916*