



Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Language Line Solutions at 1-800-367-9559 for phone line service or the Bridge World Language Center at 320-259-9239 or 800-835-6870 for in person assistance.

Name: _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

Basis of Complaint (circle all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Creed | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> Public Assistance Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Low-Income Status | <input type="checkbox"/> Sexual Orientation | |

Who discriminated against you?

Name: _____

Name of Organization: _____

Address: _____ City: _____ Zip: _____

Phone: _____

How were you discriminated against? (Attach additional pages if more space is needed)

Where did the discrimination occur?

When did the discrimination occur?

Were there any other witnesses to the discrimination?

Name	Organization/Title	Work Telephone	Home Telephone

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who: _____ When: _____

Status (pending, resolved, etc.): _____

Results, if known: _____

Complaint or case number, if known: _____

If you have an attorney in this matter, please provide their contact information:

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Signature

Date