

## **FAYETTE COUNTY TITLE VI COMPLAINT FORM**

This form may be used to file a complaint with Fayette County based on a violation of Title VI of the Civil Rights Act of 1964. You are not required to use this form. A letter providing the same information may be submitted to file your complaint.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Individual(s) allegedly discriminated against if different than above (use additional pages if needed):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Please explain your relationship to the individual(s) indicated above: \_\_\_\_\_

\_\_\_\_\_

Name of agency and department that allegedly discriminated:

Agency/Department Name: \_\_\_\_\_

Name of Individual (if known): \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of alleged discrimination:

Date discrimination began: \_\_\_\_\_ Last or most recent date: \_\_\_\_\_

