SEUALG Title VI Complaint Form

Complaints must be in writing and filed with the Title VI Coordinator within 180 calendar days following the date of the alleged discriminatory occurrence. Complainant has a right to representation; complainant has the option to remain anonymous or to seek assistance in filling out the complaint form.

Your Name ________________________________ Date of Filing ______________________

Your Address __________________________________________________________________

Work Phone _______________ Home Phone _______________ Cell Phone _______________

SEUALG and federal assisted programs recognizes race, color and national origin as basis for Title VI complaints. Indicate on what ground(s) you believe you were discriminated against by checking the applicable boxes below:

☐ Race
☐ Color
☐ Nat. Origin

Explain why you believe discrimination has taken place. Please provide date(s), time(s), and location(s) of discrimination. Please provide witness name(s), address (es), and telephone number(s). Please provide name(s) and work location(s) of person(s) you believe responsible for the discrimination. Explain the resolution you request. (Use additional sheets of paper if needed.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Indicate the person(s) who are alleged to be responsible.

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Agency</th>
<th>Work Location (if known)</th>
<th>Classification (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What Remedy? Requested Action? And/or Adjustment you are requesting? Please be specific. Use additional sheets as necessary. -

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Your Signature ________________________________

Date _________________________

SEUALG Official Use:

Date received _______________ Record in SEUALG Complaint Log ___(initial on completion)

Received by—Name________________________ Title________________________

Type of letter sent within 10 days(initial on completion): Closure Letter sent ______ OR Letter of Finding ______