Title VI Initial Complaint Form

Name of Complainant: ______________________________________________

Name of Program involved: ________________________________________

Date of Complaint: ________________________________________________

Nature of Complaint (facts): ________________________________________

Resolution (if any): ________________________________________________

Complainant Signature: _____________________________________________

Name of Title VI Program Coordinator: _______________________________

Date copy was forwarded to the Title VI District Coordinator: ____________

Title VI District Coordinator Signature: ________________________________