



# Title VI Grievance Form

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Today's Date: \_\_\_\_\_

## GRIEVANT INFORMATION

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

**IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED BELOW.**

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

## GRIEVANCE INFORMATION

Date of Alleged Incident: \_\_\_\_\_ Time of Alleged Incident: \_\_\_\_\_

Location/Address of Alleged Incident: \_\_\_\_\_

Describe your grievance and why you believe you were discriminated against:  
(Attach additional pages if necessary)

