

Title VI Complaint Form



Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the City Manager’s Office: Gilbert Perales, Deputy City Manager - Title VI Coordinator, City of Arlington, 101 W. Abram St., Arlington, TX 76013

Complainant’s Name _____

Address _____

City, State and Zip Code _____

Telephone Number (home) _____ (business) _____

Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

Were you discriminated against because of:

Race National Origin

Color

Other _____

What date did the alleged discrimination take place? _____

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In your own words, describe clearly the alleged discrimination. Explain what happened and whom you believe was responsible. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form.

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

_____ Federal agency _____ Federal court _____ State agency _____ State court
_____ Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____
Address _____
City, State, and Zip Code _____
Telephone Number _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date