

## **REAL Title VI Complaint Form**

| Name:   |                               |                     |                  |                 |  |
|---|-------------------------------|---------------------|------------------|-----------------|--|
| Address:  |                               |                     |                  |                 |  |
| Telephone (Home):   | Telephone (Work):             |                     |                  |                 |  |
| Electronic Mail Address:  |                               |                     |                  |                 |  |
| Accessible Format   | Large Print                   |                     | Audio Tape       |                 |  |
| Requirements?   | TDD                           |                     | Other            |                 |  |
| Section II:   |                               |                     |                  |                 |  |
| Are you filing this complaint on your own behalf?   |                               |                     | Yes*             | No              |  |
| *If you answered "yes" to this question, go to Section III.   |                               |                     |                  |                 |  |
| If not, please supply the name and relationship of the person for   |                               |                     |                  |                 |  |
| whom you are complaining:   |                               |                     |                  |                 |  |
| Please explain why you have filed for a third party:  |                               |                     |                  |                 |  |
|   |                               |                     |                  |                 |  |
|   |                               |                     |                  |                 |  |
| Please confirm that you have  | •                             |                     | Yes              | No              |  |
| aggrieved party if you are fi   | ling on behalf of a thi       | rd party.           |                  |                 |  |
| Section III:  |                               |                     |                  |                 |  |
| I believe the discrimination I experienced was based on (check all that apply):   |                               |                     |                  |                 |  |
| [] Race [] Color [] National Origin   |                               |                     |                  |                 |  |
| Date of Alleged Discrimination (Month, Day, Year):  |                               |                     |                  |                 |  |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. |                               |                     |                  |                 |  |
| Section IV  |                               |                     |                  |                 |  |
| Have you previously filed a   | Title VI complaint wit        | h this agency?      | Yes              | No              |  |
| Section V   |                               |                     |                  |                 |  |
| Have you filed this complain<br>or State Court?<br>[] Yes<br>If yes, check all that apply:  | [] No                         | eral, State, or loo | cal agency, or w | ith any Federal |  |
| [] Federal Agency:  |                               |                     |                  |                 |  |
| [] Federal Court  | ederal Court [ ] State Agency |                     |                  |                 |  |
| ] State Court [ ] Local Agency  |                               |                     |                  |                 |  |
| Please provide information was filed. Name:   |                               |                     |                  |                 |  |

| Title:  |  |  |  |  |
|---|--|--|--|--|
| Agency:   |  |  |  |  |
| Address:  |  |  |  |  |
| Telephone:  |  |  |  |  |
| Section VI  |  |  |  |  |
| Name of agency complaint is against:                        |  |  |  |  |
| Contact person:   |  |  |  |  |
| Title:  |  |  |  |  |
| Telephone number:   |  |  |  |  |
| You may attach any written materials or other in complaint. | nformation that you think is relevant to your  |  |  |  |
| Signature and date required below                           |  |  |  |  |
| Signature   | Date   |  |  |  |
| Please submit this form in person at the address            | s below, or mail this form to:                 |  |  |  |
|   |  |  |  |  |
| Gloria Ramos, Title VI Coordinator                          |  |  |  |  |
| 301 Lucero Street   |  |  |  |  |
| Alice, TX 78332   |  |  |  |  |
| If information is needed in another language, th            | en contact Gloria Ramos. Title VI Coordinator. |  |  |  |
| at 361-668-3158   | en contact ciona namos, mae in coc. ameter,    |  |  |  |
| Si necesita information en otro idioma, comunic             | quese con Gloria Ramos, Cordinadora de Titulo  |  |  |  |
| VI, al 361-668-3158   |  |  |  |  |

March-2014