

## V. Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact Rachel Hamer, Administrative Services Manager, Town of Minden.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

*Basis of Complaint (circle all that apply):*

Race	Color	National Origin
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*Who discriminated against you?*

Name \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

*How were you discriminated against? (Attach additional pages if more space is needed)*

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*Where did the discrimination occur?*

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*Dates and times discrimination occurred?*

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*Were there any other witnesses to the discrimination?*

Name	Organization/Title	Work Telephone	Home Telephone

*How would you like to see this situation resolved?*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_  
Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_  
Complaint number, if known \_\_\_\_\_

*Do you have an attorney in this matter?*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_