TITLE VI COMPLAINT FORM

Section I:
Name:____________________________________________________
Address:__________________________________________________
Phone (Home):_________________ Phone (Work):______________
Electronic Mail Address:____________________________________

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 obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes  *  No

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. (use additional sheets if necessary)

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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. (use additional sheets if necessary)

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Section IV:

Have you previously filed a Title VI complaint with this agency?  Yes  *  No

Section V:

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:________________________ [ ] State Agency:_____________________
[ ] Federal Court:_________________________ [ ] Local Agency:_____________________
[ ] State Court:___________________________

______________________________________________________________________

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

Name:____________________________________________
Title:_____________________________________________
Agency:___________________________________________
Address:__________________________________________
Phone:____________________________________________

Section VI:

Name of agency complaint is against:

Contact Person:_____________________________________
Title:_____________________________________________
Phone:____________________________________________
FTA – Title VI Requirements

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

Signature and date required below.

_____________________________________    _________________________
Signature                                Date

Please submit this form in person at the address below, or mail this form to:

Physical Address:                     Mailing Address:
KT Net
38883 Hwy 299
Willow Creek, CA 95573

KT Net
PO Box 1147
Willow Creek, CA 95573-1147