

## 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: Gilbert Perales, Deputy City Manager - Title VI Coordinator, City of Arlington - Handitran, 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

Color

National Origin

What date did the alleged discrimination take place? \_\_\_\_\_

In your own words, clearly describe 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.

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Have you filed this complaint with any governmental agency or court system?

Yes  No

If yes, check all that apply:

Federal agency  Federal court  State agency  State court  Local agency

Please provide point of contact information where you filled the complaint:

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