

## Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## TITLE VI COMPLAINT FORM

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Title VI of the Civil Rights Act of 1964 states "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." Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: J. Thomas Brown, Jr., Director, City of Huntsville, Department of Parking & Public Transit, 500 B Church Street, Huntsville, AL 35801.

1. Complainant's Name:

2. Address:

City

State

Zip Code

3. Telephone Number: (Home):

(Business):

4. Email Address:

5. Person discriminated against (if other than complainant)

Name:

Address:

City

State

Zip Code

6. What was the discrimination based on? (Check all that apply):

Race/Color

Sex

Disability

Elderly

National Origin

Low Income

Limited English Proficiency

7. Date of incident resulting in discrimination:

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

9. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space)    Yes                      No

If answer is yes, check each agency complaint was filed with:

Federal Agency	Federal Court	State Agency
State Court	Local Agency	Other

10. Provide contact person information for the agency you also filed the complaint with:

Name:

Address:

City

State

Zip Code

Date Filed:

11. Sign the complaint in space below. Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date