



Appendix I

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone	Telephone (Work):	
Electronic Mail Address:				
Accessible Format	Large Print Audio Tape			
Requirements?	TDD		Other	
Section II:				
Are you filing this comple	?	Yes*	No	
*If you answered "yes" to	this question, go to Sec	ction III.		
If not, please supply the r	name and relationship of			
Please explain why you h	ave filed for a third part	y:		
				,
Please confirm that you haggrieved party if you are	ssion of the ird party.	Yes	No	
Section III:				
I believe the discriminati	on I experienced was ba	sed on (check	all that apply):	
[] Race [] Color [] Nati	onal Origin			
Date of Alleged Discrime Explain as clearly as poss Describe all persons who person(s) who discrimina any witnesses. If more sp	ible what happened and were involved. Include ted against you (if know	why you belied the name and of (n) as well as n	contact information	n of the
Section IV				
Have you previously filed a Title VI complaint with agency?		vith this	Yes	No
Section V				



Virginia, MN 55792



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Have you filed this complaint with any other Federal, State, or l or State court?	ocal agency, or with any Federal
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court] State Agency
[] State Court [] Local Agency	
Please provide information about a contact person at the agency filed.	/court where the complaint was
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 information that you complaint. Signature and date required below	ou think is relevant to your
orginature and auto requires	
Signature	Date
Please submit this form in person at the address below, or mail the	nis form to:
Cathy Pazzelli	
Title VI Coordinator 702 Third Avenue South	
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