RENO COUNTY TITLE VI COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with Reno County. You are not required to use this form. A letter containing the same information will be sufficient.

| Name: Address: Telephone (Home): Electronic Mail Address: Accessible Format Large Print Audio Tape Requirements? TDD Other 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional pages. | | |
|--|--|--|
| Telephone (Home): Electronic Mail Address: Accessible Format Requirements? TDD Other 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Electronic Mail Address: Accessible Format Requirements? TDD Other 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Accessible Format Requirements? TDD Other 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Requirements? TDD Other 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Are you filing this complaint on your own behalf? Are you filing this complaint on your own behalf? *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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Are you filing this complaint on your own behalf? *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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| *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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| [] 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. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Date of Alleged Discrimination (Month, Day, Year): Explain as clearly as possible what happened and why you believe you were discriminated against. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| against. 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 information of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| of any witnesses. If more space is needed, please use the back of this form or attach additional | | |
| | | |
| | | |
| | | |
| | | |
| Section IV | | |
| Have you previously filed a Title VI complaint with this agency? | | |
| 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: | | | | |
| [] Federal Court | [] State Agency | | | |
| [] State Court | [] Local Agency | | | |
| Please provide information about a conta filed. | act person at the agency/court where the complaint was | | | |
| Name: | | | | |
| Title: Agency: Address: Telephone: | | | | |
| | | | Section VI | |
| | | | Name of agency complaint is against: | |
| | | | Contact person: | |
| Title: | | | | |
| Telephone number: | | | | |
| complaint. | other information that you think is relevant to your | | | |
| Signature and date required below | | | | |
| Signature | Date | | | |
| Please submit this form in person at the ac | ldress below, or mail this form to: | | | |
| Renee Harris Reno County Title VI Coor | dinator | | | |

Renee Harris, Reno County Title VI Coordinator 206 W 1st Street Hutchinson KS 67501