

Title VI Complaint Form

Name	
Address	
Telephone	
Email	
Accessible Format requirements?	
Are you filing this complaint on your own behalf? If no, please supply name and relationship of person for whom you are complaining.	

I believe the discrimination I experienced was based on (check all that apply)	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin
Date of Alleged Discrimination	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form.	

Have you previously filed a Title VI complaint with FACT?	
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?	
Please provide contact information and the agency or court where the complaint was filed.	

Signature	
Date	

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

FACT Director, 825 Airport Road, Lemont Furnace PA 15456