# TITLE VI COMPLAINT FORM

## CITY OF EMPORIA

<table>
<thead>
<tr>
<th>SECTION I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact Numbers:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

**Accessible Format Requirements:**

- Large Print
- Audio Tape
- TDD
- Other (Specify)

## 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 "no," please supply the name and relationship of the person for whom you are filing a complaint:

- Name:
- Relationship:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  **YES** **NO**

## 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)  Time

*Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Provide 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 attach additional pages.*
TITLE VI COMPLAINT FORM
CITY OF EMPORIA

SECTION IV

Have you previously filed a Title VI complaint with this agency?  YES  NO

SECTION V

Have you filed this complaint with any other Federal, State or Local agency?  YES  NO
Have you filed this complaint with any Federal or State court?  YES  NO

If yes, check all that apply and provide Agency name:

<table>
<thead>
<tr>
<th>Agency name:</th>
<th>Federal Agency:</th>
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<tbody>
<tr>
<td></td>
<td>State Agency:</td>
</tr>
<tr>
<td></td>
<td>Local Agency:</td>
</tr>
<tr>
<td></td>
<td>Federal Court:</td>
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<tr>
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<td>State Court:</td>
</tr>
</tbody>
</table>

Please provide information about a contact person at the agency/court where the complaint was filed:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Title:</td>
</tr>
<tr>
<td>Agency:</td>
<td>Agency:</td>
</tr>
<tr>
<td>Address:</td>
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</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

SECTION VI

Name of agency this complaint is against
Contact Person:
Title:
Telephone Number:

*You may attach written materials or other information that you think is relevant to your complaint.

Signature and date are required below:

Signature: _______________________________    Date: ______________________

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

City of Emporia
Shelly Kelley, Community Services Officer
521 Market Street
Emporia, KS 66801