



## Douglas County Title VI Complaint Form – English

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."

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: Douglas County, Grants Administrator, P.O. Box 218, Minden, NV 89423

Complainant's Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Person discriminated against (if other than complainant)

Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Race

Color

National Origin

2. Date of incident resulting in discrimination: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. 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.

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

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

Federal Agency       Federal Court       State Agency       State Court

Local Agency       Other

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Sign below and be sure to attach or provide any supporting information that you believe may support your claim.

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Complainant's Signature      Date