

## GMT Title VI Complaint Form

**To be filled out by GMT Title VI Officer for complaints received by phone or email. The form may be filled out directly by the individual making the complaint.**

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		<b>Audio Tape</b>	
	TDD		<b>Other</b>	
<b>Section II:</b>				
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.			Yes	No
<b>Section III:</b>				
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 (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.  _____  _____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No
<b>Section V</b>				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal				

<p>or State court?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Federal Agency: _____</p> <p><input type="checkbox"/> Federal Court _____                      <input type="checkbox"/> State Agency _____</p> <p><input type="checkbox"/> State Court _____                      <input type="checkbox"/> Local Agency _____</p>
<p>Please provide information about a contact person at the agency/court where the complaint was filed.</p>
<p><b>Name:</b></p>
<p><b>Title:</b></p>
<p><b>Agency:</b></p>
<p><b>Address:</b></p>
<p><b>Telephone:</b></p>
<p><b>Section VI</b></p>
<p>Name of agency complaint is against:</p>
<p>Contact person:</p>
<p>Title:</p>
<p>Telephone number:</p>