# 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.

## Section I:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
</tbody>
</table>

Electronic Mail Address:

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TDD</td>
<td>Other</td>
</tr>
</tbody>
</table>

## Section II:

<table>
<thead>
<tr>
<th>Are you filing this complaint on your own behalf?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## 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.

____________________________________________________________________________

## Section IV

Have you previously filed a Title VI complaint with this agency?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## 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 contact person at the agency/court where the complaint was filed.

**Name:**

**Title:**

**Agency:**

**Address:**

**Telephone:**

**Section VI**

Name of agency complaint is against:

**Contact person:**

**Title:**

**Telephone number:**