



# Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “no persons 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.”

If you believe you have been discriminated against by NVTC, you may file a signed, written complaint within 180 days of the date of alleged discrimination. You may use the form below, which includes the necessary information to process your claim. When completed, please return this form to the Executive Director, NVTC, 2300 Wilson Boulevard, Suite 230, Arlington VA 22201.

## SECTION I

### Complainant's Information

Name:

Phone Number (work):

Address:

Phone Number (home):

E-mail Address:

### Victim's Information (if different than above)

Name:

Phone Number (work):

Address:

Phone Number (home):

E-mail Address:

Confirm you have obtained the permission of the aggrieved party.

Explain why you have filed for a third party:

## SECTION II

Date of alleged discrimination:

Do you believe that the reason for the alleged discrimination was based on: Race

Color

National Origin

### SECTION III

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes

No

If yes, mark all appropriate boxes: Local Agency

State Court

State Agency

Federal Court

Federal Agency

Contact information for the agency/court where the complain was filed:

Name:

Phone Number:

Address:

### SECTION IV

Describe in your own words the alleged discrimination. Please explain what happened and who you believe was responsible. Provide all details and pertinent facts and circumstances surrounding the alleged discrimination that will help NVTC investigate your complaint. You may also attach any written materials and other information that you think is relevant to your complaint.

### SECTION V

Complainant's Signature:

Date: