City of Silverton Title VI Complaint Form

Section I:	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Email Address:	
Accessible Format Requirements?(Cir Other:	rcle any that are required): Large Print, Audio Tape, TDD,
Section II:	
Are you filing this complaint on your	own behalf?Yes*No
*If you answered "yes" to this	question, go to Section III
In not, please supply the name and rela	ationship of the person for whom you are complaining:
Please explain why you have filed for	a third party:
Please confirm that you have obtained behalf of a third party:Yes	the permission of the aggrieved party if you are filing onNo
Section III:	
I believe the discrimination I experience	ced was based on (check all that apply):
Race Color	rNational Origin
Date of Alleged Discrimination (Mont	th, Day, Year):
Describe all persons who were involved	ppened and why you believe you were discriminated against ed. Include the name and contact information of the ou (if known) as well as names and contact information of d, please use the back of this form.

Section IV:		
Have you previously filed a Title VI	complaint with this agency? Yes No	
Section V		
Have you filed this complaint with a State court? Yes No	ny other Federal, State, or local agency, or with any Federal o	
If yes, check all that apply:	Federal Agency	
	Federal Court	
	State Court	
	State Agency	
	Local Agency	
Please provide information about a c filed.	contact person at the agency/court where the complaint was	
Name:		
Title: Agency:		
Telephone:		
-		
Section VI: Name of agency complaint is against:		
	s or other information that you think is relevant to your	
Signature and date required below		
Signature	Date	
Please submit this form in person at City of Silverton, Human Resources 306 South Water Street Silverton, OR 97381	the address below, or mail this form to: Coordinator	

Sstewart@Silverton.or.us