

GRANT COUNTY TITLE VI COMPLAINT FORM

INSTRUCTIONS: If you would like to submit a Title VI Complaint to Grant County, please complete the form below and return to: Grant County, Attention: Human Resource Specialist, Title VI Coordinator, P.O. Box 898, Silver City, NM 88062. For questions, please contact the Title VI Coordinator at 575-574-0004.

COMPLAINT INFORMATION:

- 1. Name (Complainant):
- 2. Home Address (street, city, state, zip code):
- 3. Phone:
- 4. Date of the incident:
- 5. If applicable, the name of the person(s) who you believe discriminated against you:
- 6. Discrimination is based on (please check all that apply):

- Race Color National Origin

7. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you.

(add additional pages if necessary)

10. How do you think your complaint could be resolved?

11. 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 Court
 State Agency Local Agency

If filed at an agency and/or court, please provide contact information for that agency/court:

Agency/Court Contact's Name:

Address:

Phone Number:

12. Please list the name, address, and phone number of any person(s) who we can contact for additional information or to support/clarify your complaint:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____ Date: _____
Complainant

For Agency Use Only

Print Name of Recipient: _____

Date Received: _____

Signature of Recipient: _____