



Office of Minority Business Development
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Richmond, Virginia 23219
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Email: Minority.Business.Development@RichmondGov.com

Title VI Complaint Form

The purpose of this form is to assist you and filing a complaint with the Coordination and Review Selection. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with an asterisk (*) must be provided, whether or not the form is used.

1. *State your name and address.

Name: _____
Address _____
City _____ State _____ Zip _____
Telephone(s) Home (____) _____ Work (____) _____
Email _____

2. *Person(s) discriminated against, if different from above:

Name: _____
Address _____
City _____ State _____ Zip _____
Telephone(s) Home (____) _____ Work (____) _____
Email _____
Please explain your relationship to this person(s).

3. *Agency and Department that discriminated:

Name: _____
Address _____
City _____ State _____ Zip _____
Telephone(s) (____) _____
Email _____

4. *A) Non-Employment: Does your complaint concern discrimination in the delivery of services, in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity _____
____ National origin _____
____ Sex _____
____ Religion _____
____ Age _____
____ Disability _____

***B) Employment:** Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminator actions were taken.

_____ Race/Ethnicity _____
 _____ National origin _____
 _____ Sex _____
 _____ Religion _____
 _____ Age _____
 _____ Disability _____

5. **What is the most convenient time and place for us to contact you about this complaint?**

6. **If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:**

Name: _____
 Telephone(s) (____) _____

7. **If you have an attorney representing you concerning the matters raised in this complaint, please provide the following information:**

Name: _____
 Address _____
 City _____ State _____ Zip _____
 Telephone(s) (____) _____
 Email _____

8. ***To your best recollection, on what date(s) did the alleged discrimination take place?**

Earliest date of discrimination _____
 Most recent date of discrimination _____

9. **Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain the delay in filing your complaint.**

10. ***Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)**

11. **The laws we enforce prohibit recipients of Department of Justice (DOJ) funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (i.e., separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.**

12. **Please list below any persons (i.e., witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.**

Name	Address	Telephone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

13. **Do you have any other information that you think is relevant to our investigation of your allegations?**

14. **What remedy are you seeking for the alleged discrimination?**

15. **Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)? Yes _____ No _____**

If so, do you remember the Complaint Number? _____

Against what agency and department or program was it filed?

Name: _____

Address _____

City _____ State _____ Zip _____

Telephone(s) () _____

Date of Filing: _____ DOJ Agency: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in the compliant with any of the following?

- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Your State or Local Human Relations/Rights Commission
- Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency _____

Date Filed _____

Sex Case or Docket Number _____

Date of Trial/Hearing Religion _____

Location of Agency/Court _____

Name of Investigator _____

Status of Case _____

Comments:

18. While it is not necessary for you to know about aid that agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19. How did you learn that you could file this complaint?

20. If your complaint has already been assigned a DOJ complaint number, please provide us with that number: _____

We will need your consent to disclose your name, if necessary, in the course of an investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the “Notice about Investigatory Uses of Personal Information” for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

**United States Department of Justice
Civil Rights Division
Coordination and Review Section –NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530
Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678**

- 21. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.**

Print Full Name

Signature

Date