

DISCRIMINATION COMPLAINT AGAINST TVT

Title VI and Related Statutes

Contact Information

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Discrimination Complaint

Name of staff person that you believe discriminated against you:

Date of alleged incident: _____

You were discriminated because of:

_____ Race

_____ Sex

_____ LEP

_____ National Origin

_____ Disability

_____ Gender Identity

_____ Sexual Orientation

_____ Color

_____ Age

_____ Other

Explain as briefly and clearly as possible what happened, how you were discriminated against, and your desired outcome. Indicate who was involved. Be sure to include how other persons were treated differently than you. To be considered this form must be filed no later than 180 days after the alleged act of discrimination. Also attach any written material pertaining to your case.

I _____ state all of the above is a true statement.

Signature

Date