

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	_____ Retaliation
_____ Sex	_____ Familial Status
_____ Religion	_____ Color
_____ National Origin	_____ Age
_____ Disability	_____ Other

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Please you an attachment if needed. Also attach any written material pertaining to your case.