



Title VI Complaint Form

The City of Roanoke is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Community Inclusion Coordinator. The completed form must be returned the Office of Communications.

Your Name:	Phone:
Street Address:	Alt. Phone:
	City, State, Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Phone:	
Street Address, City, State, Zip Code:	

Which of the following best describes the reason for the alleged discrimination that took place?

- Race
- Color
- National Origin (including limited English proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. If possible, provide the names, departments, and title(s) of all employees involved. Explain what happened and who you believe to be responsible. Please use the back of this form if additional space is required.

complete reverse side of form

Please describe the alleged discrimination incident (*continued*):

Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No

If so, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State, Zip Code: _____

Phone Number: _____

Agency: _____ Contact Name: _____

Street Address, City, State, Zip Code: _____

Phone Number: _____

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

Complainant (Print and Sign)

Date:

Print or Type Name of Complainant (if different from above)

Date Received: _____

Received By: _____