

Family Bridges, Inc. Title VI Complaint Form

Section I: Complainant Information				
Name:				
Address:				
Telephone (Home):				
Other Phone (<i>Optional</i>):				
Email Address:				
		Yes		
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II: Complainant Representative Information				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "Yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:		Name / Relationship		
Please explain why you have filed for a third party: _____				

Please confirm that you have obtained the permission of the aggrieved party if you are filling on behalf of a third party		Yes	No	
Section III: Description of Event				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any with any Federal or State court?		
[] Yes [] No		
If yes, check all that apply:		
[] Federal Agency: _____		
[] Federal Court _____ [] State Agency _____		
[] State Court _____ [] Local Agency _____		

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:
Title:
Agency:
Telephone:

Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials of other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Family Bridges, Inc.
 168 – 11th Street
 Oakland, CA 94607
 Attention: Human Resources