

TITLE VI COMPLAINT FORM

Section I:		
Name:		
Address:		
Telephone (Home): Telephone (Cell):		
Email Address:		
Accessible Format Requirements? If complaint form is needed in another format, check "Other" and specify your need.		
Large Print Language: Other:		
Section II:		
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 provide the name and relationship of the person for whom you are complaining:		
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 filing on behalf of a third party. Yes No		
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
Race Color 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 the names and contact		

information of any witnesses. Print and use the back of the form if needed.

QA@ccdofw.org

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 Feder or State court? Yes No	al, State, or local agency, or with any Federa	
If yes, check all that apply:		
Federal Agency:	Federal Court:	
State Agency:	State Court:	
Local Agency:		
Please provide information about a contact persor was filed.	at the agency/court where the complaint	
Name:	Title:	
Agency:	Telephone:	
Address:		
You may attach any written materials or other information you think is relevant to your complaint. Signature and date required below.		
Signature:	Date:	
Please submit completed form to: Catholic Charities Fort Worth ATTN: Quality Assurance 249 W. Thornhill Dr. Fort Worth, TX 76115 817.534.0814		