Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to Tahoe Regional Planning Agency, PO 5310, Stateline, NV 89449 or in person to: 128 Market Street, Stateline, NV 89449.

1. Complainant's Name: ______________________________________________
2. Mailing Address: _________________________________________________
3. City/State/Zip Code: _______________________________________________
4. Telephone: ______________________________________________________
5. Person discriminated against (if other than complainant):
   Name: _________________________________________________________
   Address: ________________________________________________________
   City/State/Zip Code: _______________________________________________
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of:
   a. Race/Color:  ☐
   b. National Origin:  ☐
7. What date did the alleged discrimination take place? __________________
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe to be responsible. Please use additional sheets of paper if necessary.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

9. List any others who may have knowledge of this event:

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10. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: ☐ No: ☐

   If yes, check each box that applies:

   Federal Agency ☐ Federal Court ☐ State Agency ☐
   State Court ☐ Local Agency ☐

11. Please provide a contact name at the agency/court where the complaint was filed:

_________________________________________________________________________

Please sign below:

Complainant’s Signature: ________________________ Date: ________________

You may attach any written materials or other information that may be relevant to your complaint.