



TITLE VI COMPLAINT FORM CITY OF HOUSTON

Printed forms may be mailed,
faxed or emailed to:

Attention: Ky Willson
Office of Business Opportunity
611 Walker St, 7th Floor
Houston, TX 77002
TitleVI@houston.tx.gov

| SECTION I | | | | | |
|---|--|--------|---------|----------|--|
| Name | | | Address | | |
| City | | State | | Zip Code | |
| Email Address | | Phone# | | Phone # | |
| Accessible Format Requirement? <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other | | | | | |

| SECTION II | |
|--|---------------|
| Are you filing this complaint on your own behalf? <input type="checkbox"/> YES (If "YES", go to Section III) <input type="checkbox"/> NO | |
| If you answered "NO", provide the name and relationship of the person submitting this for you. | |
| Name: | Relationship: |
| Please explain the reason you are completing this form for the complainant: | |
| Have you received permission from the complainant to submit on his/her behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| SECTION III | |
|---|--|
| Have you previously filed a Title VI complaint with the City of Houston? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| SECTION IV | |
|---|---------------|
| Have you filed this same complaint with any other federal, state, local agency? Federal, State Court? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, check ALL that apply <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court | |
| Provide the contact person's information at the agency(ies). List any additional information below: | |
| Name | Title |
| Agency | Phone # |
| Physical Address/City/ST/Zip Code | Email Address |

| SECTION IV | | | |
|--|--|--------|--|
| Provide the name of the company or agency you are filing the complaint against | | | |
| Name of Company/Agency | | Phone# | |
| Contact Person's Name | | Title | |

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)

