



# TITLE VI COMPLAINT FORM

# CITY OF HOUSTON

Completed forms may be mailed,  
faxed or emailed to:

Attention: Title VI Coordinator  
Office of Business Opportunity  
611 Walker St, 7<sup>th</sup> Floor  
Houston, TX 77002  
Email: [TitleVI@houstontx.gov](mailto:TitleVI@houstontx.gov)  
Fax: 832-393-0626

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 V			
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)



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SECTION VI		
I believe I have experienced discrimination based upon the following:		
<input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Language Proficiency <input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion		
<input type="checkbox"/> Sex		
Date of the discriminatory act (mm/dd/yyyy):	Time:	Location:



Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of all persons involved person(s) involved, including the offending party/parties and witnesses. Include as much detail as possible. Please attach any additional written explanation and/or supporting documentation to this complaint.

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I affirm that I have read the above claim and it is true to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_ Date Received \_\_\_\_\_ Department \_\_\_\_\_  
Received By