



# 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, 7<sup>th</sup> 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)

