

Williamson County Juvenile Services **Title VI/IX Complaint**

1. Complainant's Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number(s): (Home) _____ (Business) _____

2. Person discriminated against (if someone other than the complainant)
Name: _____
Address: _____
City, State and Zip Code: _____

3. What is the name and location of the institution, office or agency that you believe practiced discrimination?
Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Names of person(s) you believe discriminated: _____

4. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
a. Race/Color/National Origin (specify): _____
b. Gender (specify): _____
c. Other types of discrimination (specify): _____

5. What date did the alleged discrimination take place? _____

6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. (Attach additional pages if necessary.)

7. Have you tried to resolve this complaint through the employee grievance procedure at the institution, office or agency? Yes _____ No _____

If yes, what is the status of the grievance?

Name and title of the person who is handling the grievance procedure:

Name: _____

Title: _____

8. 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 all that apply:

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

9. Do you intend to file this complaint with another agency? Yes _____ No _____

If yes, when and where do you plan to file the complaint?

Date: _____

Agency: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

10. Has this complaint been filed with this agency before? Yes _____ No _____

If yes, when? Date: _____

11. Signature of Complainant: _____