

**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: \_\_\_\_\_