

## TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: ELKO COUNTY, Abigail Wheeler, 540 Court Street, Suite Bmnt, Elko, NV 89801.

Complainant's Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Person discriminated against (if other than complainant)

Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

1. What was the discrimination based on? (Check all that apply):

Race

Color

National Origin

2. Date of incident resulting in discrimination: \_\_\_ / \_\_\_ / \_\_\_

