

## Appendix B

### Title VI Complaint Form

<b>Section I</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
<b>Section II</b>		
Are you filing this complaint on your own behalf? Circle	Yes	No
If you answered "yes" to this question, go to <b>Section III</b> .		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party: _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
<b>Section III</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency? Circle	Yes	No
<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

Attach any written materials or other information that you think is relevant to your complaint.  
 Signature and date required below

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please submit this form in person at the address below, or mail this form to:

Mr. Tim Burgess  
 Cherokee County Commission  
 260 Cedar Bluff Road Ste. 103  
 Centre, AL 3668

*If provider meets the Safe Harbor Threshold, then this form must be provided in English and any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.  
 LEP populations in Cherokee County do not meet Safe Harbor Threshold.*