



**TITLE VI COMPLAINT FORM**

Date Complaint Taken \_\_\_\_\_ Tracking No. \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Person Discriminated Against (if other than Complainant) \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date, Time & Place Incident Occurred \_\_\_\_\_

Nature of Complaint     Race         Color         National Origin

Details of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint Taken By \_\_\_\_\_

INVESTIGATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION RECOMMENDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_

RECORD OF FINAL ACTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_



## FORMA DE QUEJA TÍTULO VI

Fecha queja tomado \_\_\_\_\_ Seguimiento numero \_\_\_\_\_

Nombre del demandante \_\_\_\_\_

Dirección \_\_\_\_\_ Numero de teléfono \_\_\_\_\_

Persona discriminada (si no es el demandante) \_\_\_\_\_

Dirección \_\_\_\_\_ Numero de teléfono \_\_\_\_\_

Fecha, ora y lugar del incidente que ocurrió \_\_\_\_\_

\_\_\_\_\_

Naturaleza de la queja       Raza       Color       Origen nacional

Detalles de la queja \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Queja tomada por \_\_\_\_\_

INVESTIGACIÓN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCIÓN RECOMMENDADA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Por \_\_\_\_\_

REGISTRO DE ACCIÓN FINAL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Por \_\_\_\_\_