



Title VI Complaint Form

Section IV:		
Have you previously filed a Title VI complaint with this Agency:	Yes ()	No ()
Section V:		
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: _____		
Title: _____		
Agency: _____		
Address: _____		
Phone Number: _____		
Section VI:		
You may attach any written materials or other information that you think is relevant to your complaint.		
Signature and date required below.		
_____	____/____/____	
<i>Signature</i>	<i>month</i>	<i>day</i> <i>year</i>
<i>Please submit this form in person at the address below, or mail this form to:</i>		
<i>HR dept. of AVENUES Title VI Coordinator</i>		
<i>2 Park Street</i>		
<i>Pottsville PA 17901</i>		