

SALEM SKIPPER TITLE VI COMPLAINT FORM

Section I

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

Electronic Mail Address: _____

Do you have Accessible Format Requirements? Yes ☐ No ☐

If yes, what are they:

Large Print ☐ Audio Tape ☐ TDD ☐ Other ☐

If other, please list: _____

Section II

Are you filing this complaint on your own behalf? Yes* ☐ No ☐

*If you answered "yes" to this question, go to Section III.

If not, please supply the name of and your relationship to the person for whom you are filing this complaint: _____

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 their behalf. Yes ☐ No ☐

Section III

I believe the discrimination I experienced was based on (check all that apply):

☐ Race ☐ Color ☐ 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 person(s) 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.

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: _____

Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

You may 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: City of Salem
Legal Department, 93 Washington St., Salem, MA 01970.