

City of Klamath Falls Title VI Complaint Form

<p>Complainant's Information:</p> <p>Name</p> <p>Address</p> <p>City/State/Zip Code</p> <p>Telephone Number</p>	<p>Person Discriminate d Against (if someone other than complainant):</p> <p>Name</p> <p>Address</p> <p>City/State/Zip Code</p> <p>Telephone Number</p>
<p>Which of the following best describes the reason you believe the discrimination took place?</p> <p>Race/Color: National Origin: Sex:</p> <p>Disability: Age: Income:</p>	
<p>On what date (s) did the alleged discrimination take place?</p>	
<p>Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).</p>	
<p>List names and contact information of persons who may have knowledge of the alleged discrimination.</p>	
<p>Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? Circle all that apply.</p> <p>Federal agency State agency Local agency</p> <p>Federal court State court</p>	
<p>Please provide contact information for the agency/court where the complaint was filed.</p>	
<p>Name</p> <p>Address</p>	<p>City/State/Zip Code</p> <p>Telephone Number</p>

Please sign below. You may attach any other information that you think is relevant to your complaint.

Signature

Date

