

# Town of Gibsonville

## Title VI of the Civil Rights Act Discrimination Complaint Form

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Town of Gibsonville (hereinafter referred to as "the Town") may file a written complaint with the Town within 180 days after the alleged discrimination occurred.

### Section I:

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:		City:	State:	Zip:
Home Telephone:	Work Telephone:	Email Address:		

### 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 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

### Section III:

I believe the discrimination that I experience 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 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 or attach additional sheets of paper.

<b>Section IV:</b>		
Have you previously filed a Title VI complaint with the Town?	Yes	No
<b>Section V:</b>		
Have you filed this complaint with any other Federal, State, or local agency, or in any Federal or State court?	Yes	No
If yes, check all that apply and identify the agency:		
<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 the following information about the agency/court where the complaint was filed:		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI:</b>		
Name of Town Department complaint is against:		

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:  Town of Gibsonville Title VI Coordinator 129 W Main Street Gibsonville, NC 27249	You may also mail this form to:  Town of Gibsonville Title VI Coordinator 129 W Main Street Gibsonville, NC 27249
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<b>FOR OFFICE USE ONLY</b>
Date Complaint Received: _____