

TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the City of Winston-Salem, the WSUAMPO or the WSTA for alleged violations of Title VI of the Civil Rights Act of 1964, and related statutes. You are not required to use this form. A letter, email or other form of communication that provides the same information may be submitted to file your complaint.

If you need assistance completing this form, please contact the Compliance Officer

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work)

Please explain your relationship with the individual(s) indicated above: _____

Name of agency and department or program that discriminated:

Agency or department name: _____

Name of individual (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination: _____

Date discrimination began _____ Last or most recent date _____

ALLEGED DISCRIMINATION:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

____ Race

____ Color

____ National Origin

Explain: Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. (Attach additional sheets, if necessary, and provide a copy of written material pertaining to your claim)

Signature: _____ Date: _____

Please return completed form to: Compliance Officer; 300 S. Martin Luther King Jr. Drive, Winston-Salem, NC 27101. Or In Person at Union Station the lower level

Note: *The City of Winston-Salem, the WSUAMPO and WSTA prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these policies. Please inform the Compliance Officer if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*