



# STUTSMAN COUNTY

## Title VI Complaint Form

### **PART I – COMPLAINANT INFORMATION:**

**Name:**

**Phone:**

**Address:**

**E-mail:**

### **PART II - CAUSE OF DISCRIMINATION BASED ON:**

**[Check all appropriate box(es).]**

**Race**

**Color**

**Sex**

**Age**

**National Origin**

**Disability/Handicap**

**Income Status**

### **PART III - THE PARTICULARS ARE:**

**[Include names, dates, places, and incidents involved in the complaint.]**

### **PART IV – REMEDY SOUGHT:**

**[State the specific remedy sought to resolve the issue.]**

### **PART V - VERIFICATION:**

**Complainant's Signature:**

**Date:**