

# Title VI Complaint Form

Gillespie County Title VI Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

1. Identify the person or organization you believe discriminated against you:

2. What program, service, or activity were you participating in or seeking to participate in?

3. What was the date of the alleged discrimination? (mm/dd/yy)  
/ /

4. Explain what happened and why you believe you were discriminated against:

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5. What was the basis of the discrimination?  
(Check all that apply)

- ☐ Race
- ☐ Color
- ☐ National Origin
- ☐ Sex
- ☐ Age
- ☐ Disability
- ☐ Other: \_\_\_\_\_

6. Have you filed this complaint with another agency?

- ☐ Yes (Agency: \_\_\_\_\_)
- ☐ No

Signature: \_\_\_\_\_ Date: (mm/dd/yy)        /        /

Return this form to:  
Title VI Coordinator  
Gillespie County  
101 W Main Street  
Fredericksburg, TX 78624  
Phone: (830) 307-3772