Title VI Complaint Form

The Concho Valley Economic Development District’s Title VI Complaint Procedure is made available in the following locations: (check all that apply)

- Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- Other, CVTD lobby area

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Email Address:

Accessible Format Requirements?  Large Print  Audio Tape

TDD  Other

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 I experienced 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.

____________________________________________________________________________

Section IV

Have you previously filed a Title VI complaint with this agency?  Yes  No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes  [ ] No
If yes, check all that apply:

[ ] Federal Agency: __________________________
[ ] Federal Court __________________________  [ ] State Agency ________________
[ ] State Court __________________________    [ ] Local Agency ________________

Please provide information about a contact person at the agency/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone:</td>
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</tbody>
</table>

Section VI

Name of agency complaint is against:

<table>
<thead>
<tr>
<th>Contact person:</th>
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<tbody>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

__________________________________________  ________________________
Signature                                      Date

Si necesita información en otro idioma, póngase en contacto con 1-877-947-8729.

Please submit this form in person at the address below, or mail this form to:

ATTN: Regional Services Director
Concho Valley Economic Development District, Inc
2801 W. Loop 306, Suite A
San Angelo, TX 76904