



TITLE VI COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Small Business Administration, Office of Diversity, Inclusion and Civil Rights. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with an asterisk (*) must be provided, whether or not the form is used.

*Section I: Name, Address, Telephone (Home), Telephone (Work), Electronic Mail Address, Accessible Format Requirements?
*Section II: Are you filing this complaint on your own behalf?, *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:
Section III: Agency and/or Department or Program that you are filing against:
Section IV: *Non-Employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others?
Race/Color (Specify), Religion (Specify), National Origin (Specify), Age (Specify), Sex (Specify), Disability (Specify)

***Employment:** Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the basis(es) on which you believe these discrimination actions were taken (e.g., "Race: African American" or "Sex: Female").

Race/Color (Specify)

Religion (Specify)

National Origin (Specify)

Age (Specify)

Sex (Specify)

Disability (Specify)

Section V

What is the most convenient time and place for us to contact you about this complaint:

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name:

Telephone Number:

Section VI

If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name:

Address:

Telephone Number:

*Section VII

Date(s) of Most Recent Discrimination:

Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver for the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

***Please explain as clearly as possible what happened, why you believe it happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Please use additional sheets, if necessary and attach a copy of written materials pertaining to your case.**

CLAIM NUMBER 1:

Explain why you believe the action was discriminatory, e.g. discriminatory statements, others who were treated more favorably, and/or any other reason(s):

The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliation against anyone because he/she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged above), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

Explain why you believe you were retaliated against:

Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name:	Address:	Telephone Number:
Name:	Address:	Telephone Number:
Name:	Address:	Telephone Number:

Do you have any other information that you think is relevant to our investigation of your allegations?

What remedy are you seeking for the alleged discrimination?

Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government?	YES	NO	Complaint Number:

Which Agency/Department/Program was it filed with? (Include complete address)

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

***Signature and Date required below.**

Complainant's Signature

Date of Complaint