

Town of Yorktown Title VI Complaint Form

COMPLAINANT INFORMATION		
Name (first, middle, and last)		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Name of complainant		Date (month, day, year)

[illegible]

Name of complainant	Date (month, day, year)
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Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		
Name of witness 2 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		

Name of witness 3 (first, middle, and last)	Title	
Name of company		
Address (number and street, city, state and ZIP code)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.		
How would you like your complaint to be resolved?		

Signature

Date