



## TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Please provide the following information necessary in order to process your complaint. Should you require any assistance in completing this form, please let us know. Please complete this form and mail or deliver to:

Title VI Coordinator, COAST, 42 Sumner Drive, Dover, NH 03820  
You can reach our office Monday-Friday from 8-5 at 603-743-5777

1. **Name** \_\_\_\_\_

2. **Street Address** \_\_\_\_\_

3. **City, State and Zip Code** \_\_\_\_\_

4. **Telephone Number** Home/Cell: \_\_\_\_\_ **Work:** \_\_\_\_\_

5. **Are you filing this complaint on your own behalf?**  Yes\*  No

*\*If Yes please continue to question 7*

**If No**, please supply the name of the person for whom you are complaining and your relationship to him/her:

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

6. **Have you obtained permission to file on behalf of the complainant?**  Yes  No

7. **What was the alleged discrimination based on?** (Check all that apply)

Race  Color  National Origin

8. **Date of incident resulting in the alleged discrimination.** \_\_\_\_\_

Este documento está disponible en español bajo petición.  
Ce document est disponible en français sur demande.

**9. Please explain as clearly as possible what happened and why you believe you were discriminated against. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.**

If additional space is needed, please attach sheets of paper, or use the back of this form.

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

**11. Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court?**

(Check the appropriate box)  Yes  No

If yes, please check each agency the complaint was filed with:

Federal agency  Federal court  State agency  State court  Local agency

**12. Please provide the name of a contact person at the agency/court where the complaint was also filed:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please sign below.** You may attach any written materials or information you believe supports your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Title VI Coordinator  
COAST  
42 Sumner Drive  
Dover, NH 03820  
civilrights@coastbus.org