TITLE VI COMPLAINT FORM
CITY OF HOUSTON

Completed forms may be mailed, faxed or emailed to:

Attention: Norma Meadows
Title VI Coordinator
Office of Business Opportunity
611 Walker St, 7th Floor
Houston, TX 77002
Email: TitleVI@houstontx.gov
Fax: 832-393-0626

SECTION I					
Name		Address			
City		State		Zip Code	
Email Address		Phone#		Phone #	
Accessible Format Requirement? ❑ LARGE PRINT ❑ TDD ❑ Audio Tape ❑Other					

SECTION II	
Are you filing this complaint on your own behalf? ❑YES *(If "YES", go to Section III)* ❑NO	
If you answered "NO", provide the name and relationship of the person submitting this for you.	
Name:	Relationship:
Please explain the reason you are completing this form for the complainant:	
Have you received permission from the complainant to submit on his/her behalf? ❑YES ❑NO	

SECTION III
Have you previously filed a Title VI complaint with the City of Houston? ❑ YES ❑NO

SECTION IV	
Have you filed this same complaint with any other federal, state, local agency? Federal, State Court? ❑YES ❑NO	
If yes, check ALL that apply ❑Federal Agency ❑State Agency ❑Local Agency ❑Federal Court ❑State Court	
Provide the contact person's information at the agency(ies). List any additional information below:	
Name:	Title:
Agency:	Phone #
Physical Address/City/ST/Zip Code:	Email Address:

SECTION V			
Provide the name of the company or agency you are filing the complaint against.			
Name of Company/Agency		Phone#	
Contact Person's Name		Title	

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)

TITLE VI COMPLAINT FORM
CITY OF HOUSTON

Completed forms may be mailed, faxed or emailed to:

Attention: Norma Meadows
Title VI Coordinator
Office of Business Opportunity
611 Walker St, 7th Floor
Houston, TX 77002
Email: TitleVI@houstontx.gov
Fax: 832-393-0626

SECTION VI
I believe I have experienced discrimination based upon the following: ❑ Age ❑ Color ❑ Creed ❑ National Origin ❑ Race ❑ Religion ❑ Sex
Date of the discriminatory act (mm/dd/yyyy): Time: Location:

Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of each person(s) involved, including the offending party/parties and witnesses. Include as much details as possible. Please attach any additional written explanation(s) and/or supporting documentation to this complaint.

I affirm that I have read the above claim and it is true to the best of my knowledge.

Complainant's Signature _____ Date _____

Received By _____ Date Received _____ Department _____