



Athelas Institute, Inc.

TITLE VI COMPLAINT FORM

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail 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.			
Section III:			
I believe the discrimination I experience 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?			
Section V:			



Athelas Institute, Inc.

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____
Section VI
Name of agency complaint is against: _____
Contact person: _____
Title: _____
Telephone number: _____

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

_____ _____
Signature Date

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

Athelas Institute, Inc.
Title VI Managers
Tisha Mathes
Shunda Johnson
9104 red Branch Rd
Columbia MD 21045
www.athelasinstitute.org
410-964-1241