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, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal 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
RNMOW
106 North Road
Brentwood, NH 03833

You can reach our office from Monday through Friday from 8:00 am to 4:00 pm at 603-679-2201.

1. Name _____________________________

2. Street Address _____________________________

3. City, State, and Zip Code _____________________________

4. Telephone number  Home/Cell _____________________________ Work, if applicable _____________________________

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 filing this complaint and your relationship to him/her:
Name of person for whom you are filing this: _____________________________

Your relationship to the person: _____________________________

6. Have you obtained permission to file on behalf of the complainant  ____yes  ____no

7. What was the alleged discrimination based on? Please check all that apply.
   __________ Race  __________ Color  __________ National Origin

8. Date of incident resulting in the alleged discrimination _____________________________
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.

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? 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, if it was:
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, or mail this form to:
Title VI Coordinator
RNMOW
106 North Road
Brentwood, NH 03833