TITLE VI COMPLAINT FORM (to be completed by Complainant)

Title VI of the 1964 Civil Rights Act 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. Assistance is available upon request.

Title VI
LEP/LAP
ADÁ
EEO

	rst, middle initial)		
Street address	City	State	ZIP Code
Primary phone number	Other phone number	E-mail address	
Person discriminated against	t, if not complainant:		
Name (Last, first, middle initia	al)		
Street address	City	State	ZIP Code
Primary phone number	Other phone number	E-mail address	
Are you filing this complaint b	based on race, color, or nationa	al origin?	
Race	Color	National Origin	
	Be sure to include how other pe tten materials or other informa	ersons, if any, were tr	
		ersons, if any, were tr	eated differently
you. You may attach any wri	tten materials or other informa	ersons, if any, were tr tion you think relevar	eated differently
you. You may attach any wri	tten materials or other informa	ersons, if any, were tr tion you think relevar	eated differently
you. You may attach any wri	tten materials or other informa	ersons, if any, were tr tion you think relevar	eated differently
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you. You may attach any wri	tten materials or other informa	ersons, if any, were tr tion you think relevar	eated differently

Witness Name (Last, first, mi	ddle initial)		
Street address	City	State	ZIP Code
Primary phone number	Other phone number	E-mail address	
Did you file this complaint with	h another federal, state, or local a	agency; or with a fec	leral or state court
If the answer is yes, check	each agency complaint was file	ed with:	
 State Court Federal Court 	Local AgencyState Agency		Federal Agency Other
Please provide contact perso	n information for the agency you	also filed the compla	aint with:
Agency Contact Name (Last,	first, middle initial)		
Street address	City	State	ZIP Code
Phone number	E-mail address		
Date Filed:		_	
Sign the complaint in the spa	ce below. Attach any documents	you believe suppor	t your complaint.
Complainant's Signature:			
Date:			
Please mail this form to:			
Yellow Transportation Service	es		
Attn: Roy D. Spooner			
1636 Bladensburg Rd. NE			
Washington, DC 20002			