



DISCRIMINATION COMPLAINT FORM

TITLE VI AND RELATED STATUTES

Contact Information		Case Number:
Name:		
Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Email:		
Discrimination Complaint		
Name of Staff Person that You Believe Discriminated Against You:		
Date of Alleged Incident:		
Reason(s) for Discrimination Against You:		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age		<input type="checkbox"/> Disability <input type="checkbox"/> Low-Income Status <input type="checkbox"/> Limited English <input type="checkbox"/> Other
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case:		
Signature:		Date:

Note: We are asking for the following information to process your complaint. If you cannot complete the form personally, simply call 513-785-4150 to request help from the Title VI Coordinator, who will assist you at a mutually convenient time. You will still need to sign the completed form to validate the information you have provided.

Butler County Engineer's Office Phone: 513-785-4150
 Kar Singh P.E., P.S., Title VI Coordinator Email: singhk@bceo.org
 1921 Fairgrove Avenue, Hamilton, Ohio 45011