

**City of Somersworth, New Hampshire
Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “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.” Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complainant: Name and Mailing Address: _____

Email: _____
Telephone Number: _____

Person discriminated against (if someone other than the complainant)

Name: _____
Address: _____
City, State and Zip Code: _____

Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (please circle)

- | | | |
|-----------------|------------|--------------------------------------|
| Race/Color | Age | Sex (Pregnancy, Orientation, Gender) |
| National Origin | Disability | Retaliation |

What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed this complaint with any other federal, state, or local agency? Yes No

With any federal or state court? Yes No

If yes, circle all that apply:

Federal Agency	Federal Court	State Agency
State Court	Local Agency	

Please provide information about a contact person at the agency where the complaint was filed.

Linda Corriveau
City of Somersworth, One Government Way, Somersworth, NH 03878
(603) 692-9529 lcorriveau@somersworth.com

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

Complainant’s Signature Date
