

Galveston County Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 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.” Executive Orders have extended Title VI protection to additional persons.

Galveston County is committed to ensuring that no person, on the ground of race, color, national origin, religion, sex, age, disability or Veteran status, shall be subjected to discrimination, excluded from participation, or denied the benefits of, its programs and activities.

Any person who feels he or she may have been discriminated against is encouraged to report such a violation to the Galveston County Title VI Coordinator within 180 days of the alleged discrimination.

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 by telephone (409) 766-2308 or by email to Steve.Markiewicz@co.galveston.tx.us. Complete and return this form to Galveston County, Attention Steve Markiewicz, Title VI Coordinator, 722 Moody, 6th Floor, Galveston, Texas 77550, or by fax to (409) 621-7971.

1. Complainant’s Name _____

2. Address _____

City, State and Zip Code _____

3. Telephone Number _____ (alternate) _____

4. Email Address _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

Please explain your relationship to this person _____

6. Which of the following best describes the reason you believe the discrimination took place; was it because of your:

Race/Color/Ethnicity ___ Sex ___

National Origin ___ Disability ___

Religion ___ Veteran Status ___

Age ___

7. What date did the alleged discrimination take place: _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form or attach additional pages if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court:
Yes ___ No ___

If yes, check all that apply:

Federal agency Federal court
 State agency State court
 Local agency

10. If yes, please provide information about a contact person at the agency/court where the complaint was filed.

Name _____
Address _____
City, State, and Zip Code _____
Telephone Number _____

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

Complainant's Signature

Date Signed