

TITLE VI COMPLAINT FORM

Meals on Wheels Montgomery County is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Compliance Director by calling (936)756-5862. The completed form must be returned to Meals on Wheels Montgomery County Compliance Director at 111 South 2nd Street, Conroe, Texas 77301.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place?
(Circle one)

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: _____

Please describe the alleged discrimination incident. Provide the names and title of all Meals on Wheels Montgomery County employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
