# THE VIRGIN ISLANDS DEPARTMENT OF PUBLIC WORKS

# TITLE VI COMPLAINT FORM

## SECTION I

| | | |
|---|---|---|
| **Name of Complainant:** | **Sex:** | **Race /Ethnic Group:** |
| **Mailing Address:** | | |
| | **City:** | **Zip:** |
| **Home Telephone:** | **Cell Phone:** | **Work Telephone:** |
| **Email Address:** | **Accessible Format Preferred:** | ☐Large Print ☐Audio Tape ☐TDD ☐Other |

## SECTION II

**Are you filling this complaint on your own behalf?** ☐ **Yes** ☐ **No** [ If you answered "yes" to this question, go to Section IV.]

**If not, please supply the name and relationship of the person for whom you are complaining:**

**Please explain why you have filed for a third party:**

**Please confirm that you have obtained the permission of the aggrieved party if you are filing on:** ☐ Yes ☐ No

## SECTION III

**What was the reason you believe you were discriminated against?** ☐Race ☐Color ☐National Origin ☐ Disability

**DATE OF ALLEGED DISCRIMINATION: (MONTH, DAY, YEAR)**

**What is the name and address of the institution, agency or person that you believe discriminated against you?:**

**Name:**

**Mailing Address:**

**City:** **Zip:** **Phone #:**

**Describe how you were discriminated against. What happened and who was responsible? Please be as specific as possible. Attach additional page (s) if necessary**

**Please List Name of persons, witnesses, fellow employees, supervisors, or others whom we may contact for additional information, support or clarification of your complaint:**

**1. Name:** **Phone No:**

**2. Name:** **Phone No:**

**3. Name:** **Phone No:**

**What type of corrective action would you like to see taken?**

## SECTION IV

**Did you file this complaint with another Federal or local agency; or with a Federal or local court?** ☐**Yes** ☐**No**

**If answer is yes, check each agency complaint was filed:**

☐ **Federal Agency** ☐ **Federal Court** ☐ **Local Court** ☐ **Local Agency**

**Date filed**_____

**Please provide contact person information for the agency or court where the complaint was filed:**

| | |
|---|---|
| **Name:** | **Telephone:** |
| **Address:** | **City:** **Zip:** |

***Please sign and date this complaint form below.*** ***Attach any supporting document(s) you think is relevant to your complaint.***

**Signature:** _____ **Date:**_____

**This form can be submitted in person, mail, or email to:**


**Sharon Challenger**
**Program Manager**
**Office of Civil Rights**
**6002 Estate Anna's Hope**
**Christiansted, St. Croix VI 00820-4428**
**Phone: 340.773.1290 x 2242**
**Fax : 340.773.0670**
**Email: sharon.challenger@dpw.vi.gov**