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