

**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:	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other

**SECTION II**

Are you filing 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