THE VIRGIN ISLANDS DEPARTMENT OF PUBLIC WORKS TITLE VI COMPLAINT FORM

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SECTION I					
Name of Complainant:		Sex:	Race /Ethnic Group):	
Mailing Address:	I		I		
	City:		Zip:		
Home Telephone:	Cell Phone:		Work Telephone:		
Email Address:	Accessible Format Preferred:	:	□Large Print □Other	□Audio Tape	
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 permise	sion of the aggrieved par	ty if you a	are filing on:	□ Yes	□ No
SECTION III					
What was the reason you believe you were discrin	ninated against?	□Race	Color	National Origin	
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:	F	Phone No	:		
What type of corrective action would you like to se	ee taken?				
SECTION IV					
Did you file this complaint with another Federal or If answer is yes, check each agency complaint was		ederal or	local court? □Ye	es □No	
Federal Agency Federal Court	□ Local Court	r	Local Agency		
	—	·			
Date filed					
Please provide contact person information for the	agency or court where the	ne compla	aint was filed:		
Name:		Telephon	ne:		
Address:			City:	Zi	ip:
Please sign and date this complaint form below.	Attach any supporting	documer	nt(s) you think is rele	vant to your com	plaint.
Signature:			Date:		
This form can be submitted in person, mail, or ema	ail to:				
Sharon Challenger Program Manager Office of Civil Rights 6002 Estate Anna's Hope Christiansted, St. Croix VI 0082 Phone: 340.773.1290 x 2242 Fax : 340.773.0670 Email: sharon.challenger@dp	20-4428				