



**City of San Marcos, TX
Title VI Complaint Form**

Section 1			
Name:			
Address:			
Telephone:		Telephone (Alternative):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print	Audio Tape	
	Other		
Section 2			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
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 behalf of a third party.		Yes	No
Section 3			
I believe the discrimination I experienced was based on:			
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			
Section 4			
Have you previously filed a Title VI complaint with this agency?	Yes	No	



Section 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No If yes, check all that apply: Federal Agency: Federal Court State Agency State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____ Signature

_____ Date

Please submit this form in person at the address below, or mail this form to:

Title VI Program Coordinator
City of San Marcos
630 E Hopkins
San Marcos, TX 78666
512-393-8065
Email: TitleVICoordinator@sanmarcostx.gov