**BAYAMON TITLE VI COMPLAINT FORM**

**FORMULARIO PARA QUERELLAS POR DISCRIMINACION BAJO TITULO VI**

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| **Section I: Sección I:** | | | | | | | | | | | |
| Name:  Nombre: | | | | | | | | | | | |
| Address:  Dirección | | | | | | | | | | | |
| Telephone (Home):  Teléfono (hogar): | | | | Telephone (Work):  Teléfono (trabajo): | | | | | | | |
| Electronic Mail Address:  Correo electrónico: | | | | | | | | | | | |
| Accessible Format Requirements?  Requiere formato accessible: | Large Print  Letras grandes | |  | | | Audio Tape  Audiograbación | | | | |  |
| TDD  Asistencia telefónica | |  | | | Other  Otro | | | | |  |
| **Section II: Sección II:** | | | | | | | | | | | |
| Are you filing this complaint on your own behalf?  Somete esta querella por derecho propio | | | | | | | Yes\*  Si\* | | No  No | | |
| \*If you answered "yes" to this question, go to Section III.  \* Si usted contestó “si” vaya a la Sección III. | | | | | | | | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining:  Si usted contestó “no” indique su relación con el querellante: | | | | | | |  | | | | |
| Please explain why you have filed for a third party: | | | | |  | | | | | | |
| Por favor indique la razón para someter esta querella por un tercero: | |  |  | | |  | | | |  | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  Por favor confirme que la persona afectada le autorizó a querellarse en su representación: | | | | | | | Yes  Si | | | No  No | |
| **Section III: Sección III:** | | | | | | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  Creo que fui discriminado basado en:  [ ] Race / Raza [ ] Color [ ] National Origin / Origen Nacional  Date of Alleged Discrimination (Month, Day, Year):  Fecha de la alegada discriminación: (Mes/Día/Año) \_\_\_\_\_\_\_\_\_\_  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.  Explique tan claro como le sea posible lo ocurrido y la razón por la cual cree se discriminó contra usted. Indique la(s) persona(s) involucrada(s). Incluya el nombre y datos de la(s) persona(s) que discriminó en su contra (si conocido), además de los nombres y datos de testigos. Si requiere mas espacio continúe escribiendo al dorso de este formulario.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Section IV: Sección IV:** | | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency?  Ha sometido anteriormente querellas bajo el Titulo VI en este Municipio? | | | | | | | Yes  Si | No  No | | | |
| **Section V: Sección V:** | | | | | | | | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  Ha sometido esta querella ante otras entidades Federales, Estatales o locales o ante una Corte Federal o Estatal?  [ ] Yes / Si [ ] No  If yes, check all that apply: Indique todas las que apliquen si contesta “Si”:  [ ] Federal Agency /Agencia:  [ ] Federal Court/ Corte Federal  [ ] State Agency / Agencia Estatal  [ ] State Court / Corte Estatal  [ ] Local Agency/ Agencia Local o Municipio | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed.  Por favor indique los datos de la persona de contacto en la agencia o Corte donde sometió su querella | | | | | | | | | | | |
| Name:  Nombre: | | | | | | | | | | | |
| Title / Titulo: | | | | | | | | | | | |
| Agency / Agencia: | | | | | | | | | | | |
| Address:  Direccion: | | | | | | | | | | | |
| Telephone / Teléfono: | | | | | | | | | | | |
| **Section VI: Sección VI:** | | | | | | | | | | | |
| Name of agency complaint is against:  Nombre de la agencia/ Municipio contra la cual se querella: | | | | | | | | | | | |
| Contact person:  Persona contacto: | | | | | | | | | | | |
| Title / Tiulo: | | | | | | | | | | | |
| Telephone number / Teléfono: | | | | | | | | | | | |
| Commentaries:  Comentarios: | | | | | | | | | | | |