

Aspermont Small Business Development Center, Inc.

Title VI Complaint Form

Aspermont Small Business Development Center, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believe she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Aspermont Small Business Development Center, Inc.

Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint.

Name: _____

Address: _____

Telephone #: (Home) _____ (Cell) _____ (Work) _____

Email Address: _____

Accessible Format Requirements:

Large Print _____ Audio tape _____ TDD _____ Other _____

Are you filling this complaint for yourself or for another person?

If filling this complaint for another person, please provide:

- That person's name: _____
- Your relationship to that person: _____

Do you have the permission of the other person to file a complaint for them? _____ Yes _____ No

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

In the space below, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Have you previously filed a Title VI complaint with this agency? (Circle one) Yes / No

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If yes, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

I affirm that I have read the above Charge and that it is true to the best of my knowledge, information and belief.

Please print your name here: _____

Please sign your name here: _____

Date: _____

Please mail your completed form to:
Aspermont Small Business Development Center, Inc.
Executive Director
9660 U.S. Hwy 83 South
Aspermont, TX 79502

**If information is needed in another language, contact 940-989-3538
Si necesita información en otro idioma, llame 940-989-3538**