

**DISCRIMINATION COMPLAINT FORM**  
**Title VI**  
**for**  
**Town of Scarborough**

Title VI of the 1964 Civil Right Act requires that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination on any program or activity receiving federal financial assistance."

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Person discriminated against (if someone different than Complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What date did the alleged discrimination take place: \_\_\_\_\_

7. Which describes the reason you believe the discrimination was based on:

( ) Race            ( ) Color            ( ) National Origin

8. 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 the contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed, attach an additional sheet to this form.

\_\_\_\_\_

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9. 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 and provide agency or court name:

Federal Agency: \_\_\_\_\_      Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_      State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Signature and date required below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Submit the completed form along with all supporting materials in person or by mail to the address below:

Town of Scarborough  
ATTN: Liam Gallagher  
259 US Route 1  
Scarborough, ME 04074