

**City of Socorro
Title VI Complaint Form**

SECTION I – COMPLAINANT INFORMATION

Name: _____

Phone: _____

Address: _____

Email: _____

Preferred method of contact (Phone/Email/Mail): _____

Accessible Format Needed (Large Print/Audio/TDD /Other): _____

SECTION II – COMPLAINT DETAILS

Basis of discrimination
(Race/Color/National Origin): _____

Date(s) of Incident: _____

Location of Incident: _____
City department/program/employee
involved: _____

Description of Incident: _____

SECTION III – WITNESSES

Witness Name: _____

Phone: _____

Address/Email: _____

SECTION IV – PREVIOUS ACTIONS

Previously filed with agency? (Yes/No): _____

If yes, list agency and dates: _____

[Proceed to second page]

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(continued)

SECTION V – THIRD-PARTY FILINGS

Are you filing on behalf of another person? (Yes/No): _____

If yes, Name: _____

Relationship: _____

Permission obtained? (Yes/No): _____

SECTION VI – SIGNATURE

Signature: _____

Date: _____

Submit completed form to:

Carol Candelaria, Title VI Coordinator
City of Socorro
124 Horizon Blvd., Socorro, TX 79927
(915) 858-2915
Email: hrdirector@costx.us

[End]