

TITLE VI COMPLAINT FORM

The Gulf Coast Center is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. 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. If you require any assistance in completing this form, please contact the Customer Service Representative by calling 1-800-266-2320. The completed form must be returned to the Gulf Coast Center, 4352 E.F. Lowry Expressway, Texas City, TX 77591.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? Date of Incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Provide the names and title of all GCC employees involved if available. Explained what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
