



TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Discrimination because of:    \_\_\_\_\_ Race                    \_\_\_\_\_ Color                    \_\_\_\_\_ National Origin  
   \_\_\_\_\_ Other

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you, including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible; what happened, how you felt that you were discriminated against, and who was involved. If applicable, please include how other persons were treated differently from you in the same circumstances.

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:  
\_\_\_ Federal Agency    \_\_\_ Federal Court    \_\_\_ State Agency    \_\_\_ State Court    \_\_\_ Local Agency



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

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

*You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.*

*Please sign below.*

Signature/eSign: \_\_\_\_\_ Date: \_\_\_\_\_

Please electronically submit your complaint to: [vreyher@kennedyctr.org](mailto:vreyher@kennedyctr.org)

Paper submissions may be mailed to:

The Kennedy Center, Inc.  
Attn: Valerie Reyher  
2440 Reservoir Avenue  
Trumbull, CT 06611