

# Title VI Complaint Form

Please complete the following form and submit accordingly.

## Your information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Telephone: ( ) \_\_\_ - \_\_\_

Work Telephone: ( ) \_\_\_ - \_\_\_

Mobile Telephone: ( ) \_\_\_ - \_\_\_

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

## Information about the person you believe discriminated against you

(Provide all available information.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_ - \_\_\_ Work Phone: ( ) \_\_\_ - \_\_\_ Mobile Phone: ( ) \_\_\_ - \_\_\_

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

## Information about the alleged discrimination

Date of Incident: \_\_\_\_\_

A brief description of what happened: (Please include how, why, and when you believe your rights or someone else's rights were violated in the space below.)

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**Other information**

Special accommodations for us to communicate with you about this complaint (explain):

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Have you filed your complaint somewhere else?

If yes where and when have you previously filed this complaint?

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Please print and mail completed complaint and consent forms to:

Public Utilities Commission of Ohio  
Title VI Coordinator  
180 E. Broad St.  
Columbus, OH 43215

You can also email this form to:

[PUCOTitleVIProgram@PUCO.ohio.gov](mailto:PUCOTitleVIProgram@PUCO.ohio.gov)

Please sign and date this form.