

Title VI Complaint Form

The City of West University Place 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. Civil Rights complaints must be filed within 180 days from the date of the alleged discrimination.

SECTION I: TYPE OF COMMENT (Choose One)									
RACE		COLOR		NATIONAL ORIGIN		LIMITED ENGLISH PROFICIENCY			
SECTION II: CONTACT INFORMATION									
Salutation (Mr./Mrs./Ms.).									
Name									
Street Address									
City, State, ZIP Code									
Telephone									
E-mail Address									
Accessible Format		LARGE PRINT		TDD/RELAY		AUDIO		OTHER	
SECTION III: COMMENT DETAILS									
Project									
Date & Time of Occurrence									
Name of Individuals Involved									
Location of Incident									
If any information is unknown, please provide descriptive information here									
Description of Incident									
SECTION IV: FOLLOW UP									
May we contact you if we need more details or information?						Yes		No	
What is the best way to reach you?					Phone	E-mail		Mail	

**3800 University Boulevard, West University Place, TX
77005 Phone: 713.662.5839**