



COMPLAINT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone No: (____) _____

Work Telephone No: (____) _____

Were you discriminated against because of?

☐ Race ☐ National Origin

☐ Color

☐ Other _____

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to the names and contact information of any witnesses. If more space is needed please use the back of form.

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

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

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

For any ADA or Title VI complaints contact:

Nykole Murray
nmurray@mhitx
888-307-9639

Email or Mail this form:

Email Address
nmurray@mhitx.org

Mailing Address
MHI- Admin Office
18062 FM 529 #151
Cypress, Texas 77433