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**The National Judicial College**

**Title VI Program Complaint Form**

The National Judicial College (NJC) is committed to ensuring that no person is excluded from participating in or denied the benefits of its services on the basis of race, color, sex, age, national origin, income status, disability, or limited English proficiency as provided by Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities.

Title VI Program Complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist the NJC in processing a complaint. If you require assistance to complete this form, please contact NJC's Title VI Program Officer, Joy Lyngar, at (775) 784-8263 or via email to [lyngar@judges.org](mailto:lyngar@judges.org).

Please return the completed and signed form to The National Judicial College, Attn: Joy Lyngar, National Judicial College Bldg./MS 358, Reno, NV 89557 or via email to [lyngar@judges.org](mailto:lyngar@judges.org)

1. Complainant's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone Number (personal): \_\_\_\_\_ (business) \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Person discriminated against if other than complainant

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Which of the following best describes the alleged discrimination that took place?

Race \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ National Origin \_\_\_\_\_

Income Status \_\_\_\_\_ Disability \_\_\_\_\_ Limited English Proficiency \_\_\_\_\_

Other \_\_\_\_\_

8. On what date did the alleged discrimination take place? \_\_\_\_\_

9. In your own words, please describe the alleged discrimination. Explain what happened and what policy, program, activity, or person you believe was discriminatory.

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10. Have you filed this complaint with any other federal, state, territory or local agency, or with any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide contact information about the agency/court and provide a contact person where the complaint was filed.

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11. Please sign and date below. You may attach any written materials or other information relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date