



HARRIS COUNTY

Civil Rights Complaint Form

Completed forms may be mailed to:

Attention:
Civil Rights Officer
Harris County, Human Resources &
Talent Department
1111 Fannin, 6th Floor
Houston, TX 77002

or e-mailed to:
HRTCompliance@hctx.net

SECTION I		
Name:	Address:	
City:	State:	Zip Code:
Email:	Phone#:	Phone #:

SECTION II	
Are you filing this complaint on your own behalf? <input type="checkbox"/> YES (If "YES", go to Section III) <input type="checkbox"/> NO	
If you answered "NO", provide the name and relationship of the person submitting this for you.	
Name:	Relationship:
Please explain the reason you are completing this form for the complainant:	
Have you received permission from the complainant to submit on his/her behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION III
Have you previously filed a Title VI complaint with Harris County? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV	
Have you filed this same complaint with any other federal, state, local agency? Federal, State Court? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, check ALL that apply <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court	
Provide the contact person's information at the agency(ies). List any additional information below:	
Name:	Title:
Agency:	Phone #:
Physical Address/City/ST/Zip Code:	Email Address:

SECTION V	
Provide the name of the company or agency you are filing the complaint against.	
Name of Company/Agency:	Phone#:
Contact Person's Name:	Title:

I affirm that I have read the above and it is true to the best of my knowledge. _____ (Initials)



HARRIS COUNTY

Civil Rights Complaint Form

Completed forms may be mailed to:

Attention:
Civil Rights Officer
Harris County, Human Resources &
Talent Department
1111 Fannin, 6th Floor
Houston, TX 77002

or e-mailed to:
HRTCompliance@hctx.net

SECTION VI

I believe I have experienced discrimination based on:	Race	Color	National Origin
Limited English Proficiency (LEP)	Religion	Sex	Sexual Orientation
Pregnancy	Disability	Genetic Information	Gender Identity
			Age

Date of the discriminatory act:	Time:	Location:
---------------------------------	-------	-----------

Clearly explain what happened and why you believe you were discriminated against. List the name(s) and contact information of each person(s) involved, including the offending party/parties and witnesses. Include as much details as possible. Please attach any additional written explanation(s) and/or supporting documentation to this complaint.

I affirm that I have read the above claim and it is true to the best of my knowledge.

Complainant's Signature

Date

Received By

Date Received