

**Title VI Discrimination Complaint Form**  
Nebraska State Fire Marshal Agency

<b>Complainant:</b>	Telephone:
Address (City, State, Zip):	E-Mail:
<b>Person Discriminated against, if differ from above:</b>	Telephone:
Address (City, State, Zip):	E-Mail:
<b>Type of Discrimination:</b> <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation	Date of Incident:
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.	
Explain as briefly and clearly as possible what happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other people were treated differently from you. Also attach any written material pertaining to your complaint (attach additional pages if necessary).	
Names and contact information of people (witnesses, others) who we may contact for additional information to investigate your complaint.	
The complaint will not be accepted if it has not been signed. Please sign and date this complaint below. You may attach any written materials or other supporting documentation that you believe is relevant to the complaint.	
Signature:	Date:
Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Submit completed form and any additional documentation to: Nebraska State Fire Marshal Agency Attn: Regina Shields 246 S 14th St, Ste 1 Lincoln, NE 68508-1804	
Office Use Only	
Received by:	Date: