



Kent-Sussex Industries, Inc.  
Title VI Complaint Form

**Section 1: Contact Information**

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Accessible Format Needed?     Large Print     TDD     Audio     Other

**Section 2: Information About the Complainant**

Are you filing this complaint on your own behalf?

Yes (Go to Section 3)       No (see below)

If "No", please provide the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

Name

Relationship

Please explain why you have filed for a third party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.     Yes     No

**Section 3: Information about the Complaint**

I believe that the discrimination I have experienced was based on (check all that apply)

Race     Color     National Origin     Sex     Age     Disability     Low Income

Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_

Please explain as clearly as possible what happened and why you believe you were discriminated against. Please describe all persons who were involved, and include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. (Attach additional sheet if necessary)

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**Section 4: Previous Complaint Filings**

Have you previously filed a Title VI Complaint with this agency?  Yes  No

Have you filed this complaint with any Federal, State, or Local Agency, or with any Federal or State Court?  Yes  No

If you answered “Yes”, please check all that apply:

- Federal Agency: \_\_\_\_\_
- Federal Court: \_\_\_\_\_
- State Court: \_\_\_\_\_
- State Agency: \_\_\_\_\_
- Local Agency: \_\_\_\_\_

Please provide information about the contact person at the agency or court the complaint was filed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 5: Who is Complaint Against**

Name of agency complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 6: Additional Information/Signature**

Please attach any additional materials or information you believe is relevant to your complaint.

**Signature and Date are Required**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please mail this form to the person at the address below:

Michelle R. Cain  
Executive Assistant to the CEO  
Kent-Sussex Industries, Inc.  
301 N Rehoboth Blvd  
Milford, DE 19963  
302-422-4014 x 3009

Or email to:

[cainm@ksiinc.org](mailto:cainm@ksiinc.org)