



Please complete the form, and mail or deliver to:

Epic Enterprise Inc
ATTN: Linda Hibbard
430 Railway ST S - PO Box 186
Dundas MN 55019

Title VI Discrimination Complaint Form

Part I - Contact Information (Print all items legibly)

Name: Phone:
Mailing Address:

Part II - Basis of the Discrimination

I was discriminated against based on my ---(please check all that apply)

- Race/Color/National Origin
Age
Disability
Other (please explain)
Sex
Religion
Income Status

Part III - Information of Allegedly Offending Individual(s) (Please provide information to best of your knowledge)

Table with 2 columns: Name(s) of Individual(s) who Allegedly Discriminated, Job title

Part IV - Tell Us What Happened (In your own words please explain what happened. Be thorough and include all dates and relevant details involved in the incident. If needed, you may attach additional sheets.)

Multiple horizontal lines for text entry.

**Part IV - (continued)**

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**Part V - What is Your Desired Outcome?** *(Briefly, please explain how you would like this matter to be resolved.)*

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**Part VI - Verification**

**IN SIGNING THIS COMPLAINT I VERIFY THAT, TO THE BEST OF MY KNOWLEDGE,  
EVERYTHING I HAVE STATED IN THIS FORM IS ACCURATE AND TRUE.**

Signature:	Date:
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