Title VI Discrimination Complaint Form

Section 1	
Name:	
Address:	
Telephone (Home/Cell):	
Email Address:	
Accessible Requirement Needed:	[ ] Large Print Format [ ] TDD [ ] Audio Tape [ ] Other
If other, please describe:	
Section 2	
Are you filing this complaint on your own behalf? [ ] Yes [ ] No * If you answered "yes" to this question, go to Section 3	
If not, please supply the name and relationship of the person for whom you are filing a complaint:	
Please explain why you have filed on behalf of a third party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on their behalf: [ ] Yes, [ ] No	

Section 3	
I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National Origin	
Date of Alleged Discrimination (Month, Day, Year):	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. 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. If more space is needed, please use the back of this form:	
Section 4	
Have you previously filed a Title VI complaint with the CSPDC, HRMPO, or SAWMPO? [ ] Yes [ ] No	
Section 5	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [ ] Yes [ ] No	
If you selected yes, check all that apply:	[ ] Federal Agency _____ [ ] Federal Court _____ [ ] State Agency _____ [ ] State Court _____ [ ] Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section 6	
Name of the agency or organization the complaint is against:	
Contact person:	
Title:	
Telephone:	

You may attach written materials or other information that you think is relevant to your complaint.

Signature and date required below:

_____

Signature Date

Please submit this form in person at the address below, or mail this form to:

Ann Cundy, Title VI Manager
112 MacTanly Place, Staunton, VA 24401
Phone: 540-885-5174; Email ann@cspdc.org