

DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Cumberland Plateau Planning District Commission, Title VI Coordinator, P.O. Box 548, 224 Clydesway Road, Lebanon, VA 24266

You can reach our office Monday-Friday from 8:00 am to 5:00 pm at (276) 889-1778, or you can email the Cumberland Plateau Planning District Commission Title VI Coordinator at judyharris@bvu.net.

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home): _____ Business: _____

Email Address: _____

Person discriminated against (if other than complainant):

Name: _____

Street Address:

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

The name and address of the agency, institution, or department you believe discriminated against you.

Name: _____

Street Address:

City: _____ State: _____ Zip Code: _____

Date of incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use the back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with the Cumberland Plateau Planning District Commission? If yes, please provide the name(s) of the individual(s), if known. Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

YES

NO

If answer is Yes, check each agency complaint was filed with:

Federal Agency

State Court

Federal Court

Local Agency

State Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date