# Discrimination Complain Form

In order to process your complaint, please provide the necessary information as requested below. Assistance is available upon request and you may attach any additional pages if necessary. Complete this form and mail or deliver to:

Southside Planning District Commission, Title VI Coordinator, 200 S. Mecklenburg Avenue, South Hill, Virginia 23970.

You can reach our office Monday-Thursday from 8:30 am to 5:00 pm and Friday from 8:30 am to 4:00 pm at (434) 447-7101 or you can email the Southside Planning District Commission’s Title VI Coordinator at cneese@southsidepdc.org.

## Section 1

<table>
<thead>
<tr>
<th>Complainant’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Telephone No. (Home):</td>
<td>(Cell):</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

## Section 2

Person discriminated against (if other than complainant):

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Telephone No.(Home):</td>
<td>(Cell):</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

Please explain your relationship to this person(s):  

Section 3

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

Name: ____________________________________________

Street Address: ______________________________________

City: ____________________ State: ____________ Zip Code: ____________

If this complaint involves a specific individual(s), please provide the name(s) of the person(s), if known:

________________________________________________________________________

Date and location of incident resulting in discrimination: _______________________________

________________________________________________________________________

Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:

Race/Color: ☐ National Origin: ☐ Sex: ☐ Age: ☐ Disability: ☐ Other: ☐

In your own words, describe the alleged discrimination:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Name: ____________________________________________

Street Address: ______________________________________

City: ____________________ State: ____________ Zip Code: ____________

Telephone No. (Home): ____________________________ (Cell): ____________________________
Section 4

Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? Yes ☐ No ☐

If yes, please provide the date the complaint was filed: ____________________________

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: ____________________________
Street address: ____________________________
City: ____________________________ State: ______ Zip Code: ____________
Telephone No.: ____________________________

Section 5

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

________________________________________
Signature of Applicant

________________________________________
Date

For Use by Title VI Coordinator:

Date complaint form was received: ____________________________

Enter Log #: ____________________________