

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

Complainant's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Home): _____ (Cell): _____
Email Address: _____

Section 2

Person discriminated against (if other than complainant):
Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.(Home): _____ (Cell): _____
Email Address: _____
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 #: _____