Southern Alleghenies Planning & Development Commission
TITLE VI COMPLAINT FORM

Please Print All Information Below

Complainant Name: ____________________________

Name of Individual Assisting Complainant: ____________________________

Complainant Address: ___________________________________________

Assisting Individual Address: _______________________________________

Complainant Phone #: ____________________________

Assisting Individual Phone #: (Home or Cell) ____________________________

Basis of Complaint: (e.g., Race, Color, National Origin, Sex, Age, Disability, Retaliation)

_________________________________________________________________

Date(s) of alleged discrimination:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please provide the name(s), title and address of the person who discriminated against the Complainant.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Please list any other agency where complaint has been filed:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Complainant Signature: ____________________________

Date: ____________________________

Date Received: ____________________________

Docket Number: ____________________________

Next Action: ____________________________