

**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: \_\_\_\_\_