

APPENDIX 1: 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:

Danville Metropolitan Planning Organization, Title VI Coordinator, PO Box 5268, Martinsville, VA 24115.

You can reach our office Monday-Friday 8:30 am to 5:00 pm at (276) 638-3987, or you can email the Danville MPO Title VI Coordinator at marmbrister@wppdc.org

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 back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with the Danville MPO? 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, mark each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

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

Complainant's Signature

Signature Date

For Internal Use Only:
Log #: _____