



## Title VI Discrimination Complaint Form

<b>Section 1</b>	
Name:	
Address:	
Telephone (Home/Cell):	
Email Address:	
Accessible Requirement Needed:	<input type="checkbox"/> Large Print Format <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other
If other, please describe:	
<b>Section 2</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* If you answered "yes" to this question, go to Section 3	
If not, please supply the name and relationship of the person for whom you are filing a complaint:	
Please explain why you have filed on behalf of a third party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on their behalf:	
<input type="checkbox"/> Yes, <input type="checkbox"/> No	

**Section 3**

I believe the discrimination I experienced was based on (check all that apply):

Race             Color             National Origin

Date of Alleged Discrimination  
(Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form:

**Section 4**

Have you previously filed a Title VI complaint with the CSPDC, HRMPO, or SAWMPO?

Yes             No

**Section 5**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes             No

If you selected yes, check all that apply:

- Federal Agency \_\_\_\_\_
- Federal Court \_\_\_\_\_
- State Agency \_\_\_\_\_
- State Court \_\_\_\_\_
- Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section 6</b>	
Name of the agency or organization the complaint is against:	
Contact person:	
Title:	
Telephone:	

You may attach written materials or other information that you think is relevant to your complaint.

Signature and date required below:

---

Signature Date

**Please submit this form in person at the address below, or mail this form to:**

Ann Cundy, Title VI Manager  
 112 MacTanly Place, Staunton, VA 24401  
 Phone: 540-885-5174; Email [ann@cspdc.org](mailto:ann@cspdc.org)