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:

Cumberland Plateau Planning District Commission, Title VI Coordinator, P.O. Box 548, 224 Clydesway Road, Lebanon, VA 24266

You can reach our office Monday-Friday from 8:00 am to 5:00 pm at (276) 889-1778, or you can email the Cumberland Plateau Planning District Commission Title VI Coordinator at judyharris@bvu.net.

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 the back of form or attach extra sheets to form.
Does this complaint involve a specific individual(s) associated with the Cumberland Plateau Planning District Commission? 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, check each agency complaint was filed with:

○ Federal Agency
○ State Court
○ Federal Court
○ Local Agency
○ State Agency
○ Other

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

Name: __________________________

Street Address: __________________________

City: __________________________ State: __________________________ Zip Code: ______

Telephone No.: __________________________

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

____________________  ______________
Complainant's Signature  Signature Date