



Complaint Form

Civil Rights

125 Bowden Street, Saluda, VA 23149
P.O. Box 286, Saluda, VA 23149
804.758.2311 Tel
877.451-1555 Toll Free

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Title VI Coordinator: Ms. Heather Modispaw, Title VI Coordinator, Middle Peninsula Planning District Commission, P.O. Box 286, Saluda, Virginia, 23149.

1. Complainant’s Name:

2. Address:

3. City, State, Zip:

4. Telephone No. Home:

Business:

Cell:

5. Person(s) discriminated against, (if someone other than the complainant)

Name:

Address:

City, State, Zip:

Telephone No. Home:

Business:

Cell:

Please explain your relationship to this person(s):

6. Which of the following best describes the reason you believe the discrimination took place?

Was it because of your:

___Race/Color ___National Origin ___Sex ___Age ___Disability___ Other



7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? ____ Yes ____ No
If yes, provide the date the complaint was filed _____.

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Address:

City, State, and Zip Code:

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date