

**Eastgate Regional Council of Governments
Title VI Discrimination Complaint Form**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Name of persons who allegedly discriminated against you:

Basis of Discriminatory Action(s):

_____ Race _____ Color _____ National Origin _____ Sex _____ Age _____ Disability

Date of Alleged Discrimination:

Date discrimination began: _____ Last or most recent date of discrimination: _____

Explain:

Please explain as clearly as possible what happened and in what manner you were discriminated against. Provide the name(s) of witnesses and others involved in the alleged discrimination. Attach additional pages if necessary and provide a copy of written materials pertaining to your complaint.

_____ **Signature** _____ **Date** _____