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.

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Signature ______________________________________________ Date ________________________________