# 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**