

ACCOMACK-NORTHAMPTON PLANNING DISTRICT COMMISSION

PO BOX 417•ACCOMAC VIRGINIA 23301

PHONE: (757)787-2936 • FAX: (757)787-4221• TOLL FREE: (866) 787-3001

COMPLAINT FORM

Name:	Mailing Address:		
Primary Phone Number:	Work Number:		
Email:	Accessible Format Requirements:	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other

Section II:

Are you filing this complaint on your own behalf	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If you answered "yes" to this question, go to Section III	
If not, please supply the name and relationship of the person for whom you are complaining	
Please explain why you have filed for a third party	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section III

I believe the discrimination I experienced was based on (check all that apply) Date of Alleged Discrimination (Month, Day, Year:) _____ Location _____ Explain as clearly as possible what happened and why you believe you were discriminated against. Described all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form	<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RELIGION <input type="checkbox"/> GENDER
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Section IV

Have you previously filed a Title VI complaint against this agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, check all that apply: <input type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> FEDERAL COURT <input type="checkbox"/> STATE COURT <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> LOCAL AGENCY
Contact information for the agency/court	

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

Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of Agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials, or other information you believe is relevant to your complaint. Your signature and date are required below.

Signature
Date