

## TOWN OF VINTON TITLE VI DISCRIMINATION COMPLAINT FORM

**Instructions:** Please fill out this form completely in blue or black ink or type. Sign and submit to the ADA & Title VI Coordinator, 311 S. Pollard Street, Vinton, VA 24179. For assistance please call 540-983-0604.

**THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.**

Complainant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If an authorized representative is filing this complaint on behalf of another person, his/her personal information must also be included:

Representative Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please tell us why you believe the discrimination occurred: Race, Color, ~~Gender, Age, Disability~~, National Origin, Other (Specify): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location or Address of Incident: \_\_\_\_\_

Describe your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action would you like to see be taken? \_\_\_\_\_  
\_\_\_\_\_

If the incident involved a Town of Vinton employee, please list his/her name: \_\_\_\_\_

Names and contact information of witnesses: \_\_\_\_\_  
\_\_\_\_\_

If your complaint is being filed on behalf of another person or group of people, all complaints must be identified by name: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_