

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: _____