

For Office Use
Date Received: _____
Case #: _____

Appendix D Title VI Discrimination Complaint Form

Name: _____ Phone #: _____ Email: _____

Address (Street No., PO Box, etc.): _____ Town, State, Zip Code: _____

Date and time of incident*: _____ Location of Incident*: _____

Nature of Discrimination:

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Crime Victim Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Political Beliefs |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Reprisal or Retaliation
for prior civil rights
activity |
| <input type="checkbox"/> Limited English
Proficiency | <input type="checkbox"/> Place of Birth | <input type="checkbox"/> <u>Other: (Please</u>
<u>Describe)</u> _____ |
| <input type="checkbox"/> Receipt of Public
Assistance | <input type="checkbox"/> Political Beliefs | |
| <input type="checkbox"/> Family/Parental Status | <input type="checkbox"/> Mental or Physical
Disability | |
| <input type="checkbox"/> Gender Identity or
Expression | <input type="checkbox"/> Religion | |
| | <input type="checkbox"/> Low Income | |
| | <input type="checkbox"/> Sexual Orientation | |

Summary of the Complaint (Explain as briefly and clearly as possible how you were discriminated against, who was involved, including names and titles, and other relevant information.):*

Continued on Back

Name of witness(es): _____

Witness contact information: _____

Attach any additional written information.

Signature: _____

Date: _____

*Required information

Please return this form to: **Logan Nicoll, Title VI Coordinator**
Mount Ascutney Regional Commission
P.O. Box 320
Ascutney, VT 05030

Telephone #: (802) 674-9201 #117

Fax #: (802) 674-5711

Email: lnicoll@marcvt.org

For Office Use

Discussions with complainant; Name: _____ Date: _____

Details of discussions: _____

Person taking report information: _____

Additional information required: Yes No Date requested: _____ Received: _____

Jurisdiction: MARC Other (specify): _____

Complaint accepted: Yes No Date: _____

Report completed within 90 days: Yes No

Findings: _____

Actions taken: _____

Signature of Executive Director: _____ Date: _____