TITLE VI COMPLAINT FORM



Appalachian Council of Governments

Section I
Name:
Address:
Telephone
Home: Work: Cell:
Email:
Accessible Format Requirements?
o Large Print o Audio Tape o Telecommunication Device for the Deaf (TTY's)
o Other:
Section II
Are you filing this complaint on your own behalf? o Yes <mark>*</mark> o No
[*] 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

o Yes

a third party.

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race
Color

🗆 Origin

Disability

Religion
Other: _____

Date of Alleged Discrimination (Month, Day, Year): _____

🗆 Age

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe 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:

Signature of Complainant

□ Sex

Date



Or mail/fax to: Chip Bentley Appalachian Council of Governments 30 Century Circle Greenville, SC 29607 Fax: (864) 242-6957