

TITLE VI COMPLAINT FORM



Appalachian Council of Governments

Section I

Name: _____

Address: _____

Telephone

Home: _____ Work: _____ Cell: _____

Email: _____

Accessible Format Requirements?

Large Print Audio Tape Telecommunication Device for the Deaf (TTY's)

Other: _____

Section II

Are you filing this complaint on your own behalf? Yes* 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 a third party.

Yes

No

