Mount Rogers Planning District Commission

Title VI Complaint Form

The Mount Rogers Planning District Commission (PDC) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance, on the basis of race, color, national origin, sex, age, disability, or limited English proficiency.

If you believe you have been subjected to discrimination under Title VI, please complete the form below.

| Section I – Complainant Information | |
|-------------------------------------|--|
| Full Name: | |
| Address: | |
| City, State, Zip Code: | |
| Phone Number: | |
| Email Address (optional): | |

Section II – Complaint Details

| 1. | Are you filing this complaint on your own behalf? ☐ Yes ☐ No |
|----|---|
| | If no, please provide the name and relationship of the person for whom you are filing the complaint: |
| 2. | Please identify the person(s) or organization(s) you believe discriminated against you: |
| 3. | Date(s) of the alleged discrimination: |
| 4. | Alleged basis of discrimination (check all that apply): Race Color National Origin Sex Age Disability Limited English Proficiency Other (please specify): |
| 5. | Please describe the alleged discriminatory incident(s). Include as much detail as possible (what happened, who was involved, names, dates, times, witnesses, etc.). Attach additional pages if necessary. |
| | |
| | |