

West Central Ohio Rural Planning Organization Title VI Discrimination Complaint Form	
NAME (Complainant):	PHONE: ()
HOME ADDRESS (Include City, State & ZIP):	E-MAIL (If Applicable):
If applicable, name of persons who allegedly discriminated against you:	
Basis of Discriminatory Action(s): _____ Race _____ Color _____ National Origin _____ Sex _____ Age _____ Disability	
Date of Alleged incident:	Location and position of person(s) who allegedly discriminated against you - if known:
Explain briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach additional pages as needed or any additional written material about your complaint.	

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Why do you believe these events occurred?

What other information do you think is relevant to this complaint?

How can this issue or issues be resolved to your satisfaction?

Please list below the names, addresses, phone numbers and job titles of person(s) we may contact for additional information about your complaint (witnesses, fellow employees, supervisors, others):

NAME

ADDRESS

PHONE NUMBER

JOB TITLE

Signature:

Date: