Toledo Metropolitan Area Council of Governments
Title VI Discrimination Complaint Form
DRAFT

NAME (Complainant):	PHONE: ( )
HOME ADDRESS (Include City, State and 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 alleged 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: