



## Title VI/ Discrimination Complaint Form

### Section I: Please Write Legibly

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Accessible Format Requirements?  Large Print  Audio Tape  TDD Other: \_\_\_\_\_

### Section II

Are you filling out 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:

\_\_\_\_\_

If you are filing on behalf of a third party, have you obtained the permission of the aggrieved party?

YES NO

### Section III

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

RACE AGE COLOR NATIONAL ORIGIN DISABILITY LIMITED ENGLISH PROFICIENCY LOW-INCOME

Please provide the date and place(s) of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently than you. (Attach additional pages if necessary).

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances. Tell what action you took which you believe was the cause for the alleged retaliation. (Attach additional pages if necessary)

Name of Individuals, agency or department responsible for the discriminatory action(s):

Name	Address	Phone

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages if necessary)

Name	Address	Phone

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. (Attach additional pages if necessary)

**Section IV**

Have you filed a lawsuit regarding this complaint ?

YES

NO

If you answered "yes" to either of the two previous questions, please provide a copy of the complaint form or lawsuit.

***(Note: This above information is helpful for administrative tracking purposes. However, if litigation is still pending regarding the same issues, we defer to the decision of the court, and GWRC/FAMPO will not take action)***

**Section V**

Have you previously files a Title VI complaint with George Washington Regional Commission/Fredericksburg Area Metropolitan Planning Commission?

YES

NO

**Disclaimer and Signature**

**You may attach any written materials or other information that you think is relevant to your complaint**

Any individual, group of individuals, or entity that believes he/she, they, or it have been subjected to discrimination prohibited by Title VI may file a complaint with GWRC/FAMPO's Title VI Coordinator by completing and signing this Title VI Complaint form. A formal complaint must be submitted in writing within 180 calendar days from the date of the alleged occurrence or when the alleged discrimination became known to the complainant. Complaints should be mailed to Title VI Coordinator.

**Signature and date are required below to complete form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit form and any additional information to:

Briana Hairfield, Title VI Coordinator  
Fredericksburg Area Metropolitan Planning Organization  
406 Princess Anne Street  
Fredericksburg, VA 22408  
Phone: 540-642-1575  
Email: [hairfield@gwregion.org](mailto:hairfield@gwregion.org)

Alternative formats of this form can be made available upon request. Call (540) 642-1575