Appendix A: Discrimination Complaint Form

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver:

Thomas Jefferson Planning District Commission, Title VI Coordinator, 401 E Water Street, Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:00am to 5:00pm at (434) 979-7310, by email at info@tjpdc.org.

Complainant’s Name: __________________________________________________________

Street Address: __________________________________________________________________

City: ________________ State: ________________ Zip Code: _______________________

Telephone No. (Home): _____________________ (Business): ________________________

Email Address: _________________________________________________________________

Person discriminated against (if other than complainant)

Name: _____________________________________________________________

Street Address: __________________________________________________________________

City: __________________ State: ________________ Zip Code: _______________________

Telephone No. (Home): _______________________

The name and address of the agency, institution, or department you believe discriminated against you.

Name: __________________________________________

Street Address: __________________________________________________________________
City: __________________________ State: ________________ Zip Code: ________________

Date of incident resulting in discrimination: __________________________

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

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