

LENOWISCO Planning District Commission

Title VI Complaint Form

The LENOWISCO 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 language access 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) and time(s) of the alleged discrimination:**

4. **Alleged basis of discrimination (check all that apply):**

Race Color National Origin

Sex Age Disability

Language Access 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.

Signature

***Signature required to be submitted. Forms without legal signature are considered incomplete and unacceptable.**