Rappahannock-Rapidan

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As of June 2021

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Title VI Coordinator:

ADA/Title VI Coordinator Rappahannock-Rapidan Regional Commission 420 Southridge Parkway, Suite 106 Culpeper, VA 22701

1. Complainant's Name:

3. City, State, Zip: _____

4 Tele	phone No. H	Iome [.]	Business:	Cell:
T. I UIU	phone 140. 11	Iome	Dusiness.	CCII

If the Person(s) discriminated against are someone other than the complainant, please provide the following for the person(s) discriminated against:

Name: _____

Address:

City, State, Zip: _____

 Telephone No. Home:
 Business:
 Cell:

Please explain your relationship to this person(s):

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

Race/Color ____ National Origin ____ Sex ____ Age ____ Disability ____ Other

7. What date did the alleged discrimination take place?

[Please continue on page 2]

420 Southridge Parkway, Suite 106, Culpeper, Virginia 22701 Phone 540.829.7450 http://www.rrregion.org



8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes ____ No ____

If yes, provide the date the complaint was filed:

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: ______

Address: _____

City, State, and Zip Code: _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date