Title VI Complaint Form

Please Print All Information Below

Complainant Name: ____________________________________________________________

Name of Individual assisting Complainant: _________________________________________

Complainant Address: __________________________________________________________

Assisting Individual Address: __________________________________________________

Complainant Phone #: ____________________________

Assisting Individual Phone #: ____________________________

Basis of Complaint: (e.g., Race, Color, National Origin, Sex, Age, Disability, Retaliation)
__________________________________________________________
__________________________________________________________
__________________________________________________________

Date(s) of alleged discrimination:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Please provide a detailed description of the circumstances of the incident(s), including any
additional information supporting your complaint (please use additional pages as necessary):
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Please provide the name(s), title and address of the person who discriminated against the Complainant.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please list any other agency where complaint has been filed:

______________________________________________________________________________

Complainant Signature: __________________________ Date: __________________________

To file complaint, mail form to:
Tri-County Regional Planning Commission
Title VI Compliance Officer
112 Market Street, 2nd Floor
Harrisburg, PA 17101