TITLE VI /ADA 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 to:

Title VI /ADA Compliance Officer, P.O. Box 437, Stanardsville, VA 22973.
You can reach our office Monday-Friday from 7:00 am to 4:30 pm at 434.985.5205.

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.: ____________________________

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: __________________________

Identify the category of Discrimination:

Race _____     Color _____     National Origin _____     Disability _____

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.

______________________________________________________________________________

______________________________________________________________________________
Does this complaint involve a specific individual(s) associated with GCT? If yes, please provide the name(s) of the individual(s), if known.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where did the incident take place?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there any witnesses? If so, please provide their contact information:
Name:
Street Address: ____________________________________________________________
City: ______________________________ State: _____________ Zip Code: ________
Telephone No.: ____________________________

Name: ________________________________________________________________
Street Address: __________________________________________________________
City: ______________________________ State: _____________ Zip Code: ________
Telephone No.: ____________________________

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

☐ Yes  ☐ No

If answer is Yes, check each agency complaint was filed with:
☐ Federal Agency  ☐ Federal Court  ☐ State Agency
☐ State Court  ☐ Local Agency  ☐ Other

Please provide contact person information for the agency you also filed the complaint with:
Name: ________________________________________________________________
Street Address: __________________________________________________________
City: ______________________________ State: _____________ Zip Code: ________
Date Filed: ____________________________

Sign the complaint in the space below. Attach any documents you believe support your complaint.

________________________________________  ____________________________________
Complainant’s Signature  Signature Date