

**Valdosta-Lowndes Metropolitan Planning Organization
Title VI Complaint Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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 name(s), title and address of the person who allegedly discriminated against the complainant:

If complaint has also been filed with a state or federal agency, please list:

Signed Name

Date

Printed Name