



TITLE VI DISCRIMINATION COMPLAINT FORM

Instructions: Please fill out this form completely in blue or black ink or type. Sign and submit to the Title VI Coordinator, Human Resources Department, 5204 Bernard Dr., Roanoke, VA 24018. For assistance please call (540) 777-2018

THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.

Complainant Name: _____

Address: _____ E-mail: _____

Home Telephone: _____ Work: _____ Cell: _____

If an authorized representative is filing this complaint on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____ E-mail: _____

Home Telephone: _____ Work: _____ Cell: _____

Please tell us why you believe the discrimination occurred: Race, Color, National Origin, Other (Specify):

Date of Incident: _____ Time of Incident: _____

Location or Address of Incident: _____

Describe your complaint: _____

What type of corrective action would you like to see be taken? _____

If the incident involved a Roanoke County employee, please list his/her name: _____

Names and contact information of witnesses: _____

If your complaint is being filed on behalf of another person or group of people, all complaints must be identified by name: _____

Complainant Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____