Purchase Area Development District (PADD)

Title VI Complaint Form

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Electronic Mail Address:

Accessible Format Requirements? Large Print Audio Tape

TDD Other

Section II:

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color[ ] National Origin [ ] Age

[ ] Disability [ ] Family or Religious Status [ ] Other (explain) _____

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

_____

_____

Section IV

Have you previously filed a Title VI complaint with this agency? Yes No