Appendix A: 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:

Thomas Jefferson Planning District Commission, Title VI Coordinator, 401 E Water Street, Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:00am to 5:00pm at (434) 979-7310, by email at info@tjpdc.org.

Complainant'sName:		
Street Address:		
		Zip Code:
		(Business):
Email Address		
Person discriminated ag		
Name:		
City:	State:	Zip Code:
Telephone No. (Home):		
The name and address o against you.	f the agency, institution	on, or department you believe discriminated
Name:		
Street Address:		



Date of incident resulting in discrimination: Describe how you were discriminated against. What happened and who was responsible? It additional space is required, please either use back of form or attach extra sheets to form.	City:	State:	Zip Code:	
	Date of incident resulting	in discrimination:		
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