

Discrimination Complaint Form

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name:		
Address:		
Telephone Numbers: (Home)	(Work)	(Cell)
Email Address:		
Please indicate the nature of the alle	eged discriminatio	n:
Categories protected under Title VI of	the Civil Rights Act	of 1964:
☐ Race ☐ Color ☐ Nationa	al Origin (including l	imited English Proficiency)
Additional categories protected under	related Federal and	/or State laws/orders:
☐ Disability ☐ Age ☐ Sex ☐ Sexual Orientation ☐ Religion ☐ Ancestry		
☐Gender ☐Ethnicity ☐Ger	nder Identity Ge	nder Expression
☐ Veteran's Status ☐ Backgro	ound	
Who do you allege was the victim o	of discrimination?	
☐ You ☐ A Third Party Individual ☐ A Class of Persons		
Tou Entrine Larry marviadar	□/(Old33 Ol 1 Cl3	0113
Name of individual and/or organizat	tion you allege is d	liscriminating:
Do you consent to the investigator sh with other parties to this matter when of your complaint?	O <i>F</i>	•
□Yes □No		

dates, time investigation	scribe your complaint. You should include specific details such as names, s, witnesses, and any other information that would assist us in our of your allegations. Please include any other documentation that is this complaint. You may attach additional pages to explain your complaint.
Have you	filed this complaint with any other agency (Federal, State, or Local)?
□Yes□	□No
If yes, plea	se identify:
	iled a lawsuit regarding this complaint?
∐Yes L	
If yes, plea	se provide a copy of the complaint.
Signature:	Date:
Mail to:	Title VI Coordinator, Montachusett Regional Planning Commission, 464 Abbott Avenue, Leominster, MA 01453
Email to:	geaton@mrpc.org