

GMCN Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the GMCN Executive Director at 802.447.0477. PLEASE PRINT

Name _____

Address _____ City _____

Zip _____

Phone: Home _____ Work _____ Mobile _____

Email: _____

Basis of Complaint (circle all that apply): Race, Color, National Origin, Sex/Gender, Age, Disability, Retaliation, Other:

Who discriminated against you?

Name _____

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

How were you discriminated against? (Attach additional pages if more space is needed)

Where did the discrimination occur?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination? (add an additional page if needed)

Name _____

Organization/Title: _____

Work Telephone _____ Home Telephone _____

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____

Status (pending, resolved, etc.) _____ Result, if known _____

Complaint number, if known _____

Do you have an attorney in this matter? Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

I certify this statement is true to the best of my knowledge.

Signed _____

Date _____