**NEW RIVER VALLEY MPO TITLE VI DISCRIMINATION COMPLAINT FORM**

**Instructions**: Please fill out this form completely in blue or black ink or type. Sign and submit to Mr. Dan Brugh, Executive Director/Title VI Coordinator, 755 Roanoke St., Ste. 2I, Christiansburg, VA 24073. For assistance please call 540-394-2145 or email: brughjd@montgomerycountyva.gov

**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 any representatives of NRV MPO, its programs, or its consultants, 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: