



Ascutney Professional Building, Route 5  
 Post Office Box 320, Ascutney, VT 05030  
 802 674-9201 / fax 802 674-5711  
 www.swcrpc.org

For Office Use
Date Received: _____
Case #: _____

Appendix D

## Title VI Discrimination Complaint Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Street No., PO Box, etc.): \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Date and time of incident\*: \_\_\_\_\_ Location of Incident\*: \_\_\_\_\_

**Nature of Discrimination:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Race                         | <input type="checkbox"/> Gender Identity or Expression | <input type="checkbox"/> Mental or Physical Disability                           |
| <input type="checkbox"/> Color                        | <input type="checkbox"/> Age                           | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> National Origin              | <input type="checkbox"/> Sex                           | <input type="checkbox"/> Low Income  |
| <input type="checkbox"/> Limited English Proficiency  | <input type="checkbox"/> Marital Status                | <input type="checkbox"/> Sexual Orientation                                      |
| <input type="checkbox"/> Receipt of Public Assistance | <input type="checkbox"/> Place of Birth                | <input type="checkbox"/> Crime Victim Status                                     |
| <input type="checkbox"/> Family/Parental Status       | <input type="checkbox"/> Political Beliefs             | <input type="checkbox"/> Political Beliefs                                       |
|   |  | <input type="checkbox"/> Reprisal or Retaliation for prior civil rights activity |

Summary of the Complaint (Explain as briefly and clearly as possible how you were discriminated against, who was involved, including names and titles, and other relevant information.):\*

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*Continued on Back*

Name of witness(es): \_\_\_\_\_

Witness contact information: \_\_\_\_\_

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*Attach any additional written information*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Required information

Please return this form to:

**Jason Rasmussen, Title VI Coordinator**  
**Southern Windsor County Regional Planning Commission**  
**P.O. Box 320**  
**Ascutney, VT 05030**

Telephone #: (802) 674-9201

Fax #: (802) 674-5711

Email: [jrasmussen@swcrpc.org](mailto:jrasmussen@swcrpc.org)

For Office Use

Discussions with complainant; Name: \_\_\_\_\_ Date: \_\_\_\_\_

Details of discussions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person taking report information: \_\_\_\_\_

Additional information required:  Yes  No Date requested: \_\_\_\_\_ Received: \_\_\_\_\_

Jurisdiction:  SWCRPC  Other (specify): \_\_\_\_\_

Complaint accepted:  Yes  No Date: \_\_\_\_\_

Report completed within 90 days:  Yes  No

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_