



Title VI Discrimination Complaint Form

Instructions: Use this form if you have a complaint alleging discrimination under Title VI of the Civil Rights Act of 1964 against the City of Bristol, Virginia.

Please provide the following information in order to process your Title VI complaint.

Mail or deliver your completed and signed form to: Director, Human Resources, Title VI Complaint, 300 Lee Street, Bristol, Virginia, 24201.

For assistance please call 276-645-7354.

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ (Cell): _____

Email: _____

If an authorized representative is filling out this complaint form on behalf of another person, his/her personal information must also be included:

Representative's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

Relationship to the complainant: _____

Please tell us why you believe the discrimination occurred: Race, Color, National Origin, or Other (Specify): _____

Date of incident resulting in discrimination: _____

Time of incident: _____

Location or address of incident: _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

What type of corrective action would you like to see taken? _____

If the incident involved a City of Bristol, Virginia employee, please list his/her name:

Names and contact information of witnesses: _____

If your complaint is being filed on behalf of another group of people, all complainants must be identified by name: _____

Complainant Signature: _____

Date: _____

Authorized Representative Signature (if applicable): _____

Date: _____