

**APPENDIX II: DISCRIMINATION COMPLAINT FORM**

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In order to process your complaint, the form must be completed in its entirety. Assistance is available upon request. Please complete the form and mail or deliver it to:

George Washington Regional Commission  
Attn: Title VI Coordinator  
406 Princess Anne St.  
Fredericksburg, VA 22401

The GWRC Title VI Coordinator can be reached Monday-Friday from 8:00am to 4:30pm at (540)-373-2890 or by email at [donley@gwregion.org](mailto:donley@gwregion.org).

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Complainant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Email Address: \_\_\_\_\_

Person discriminated against (if other than the complainant)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_

Name and address if the agency or department you believe discriminated against you.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of incident resulting in discrimination \_\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please attach an extra sheet to the form.

Does the complaint involve a specific individual(s) associated with the GWRC or FAMPO? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Where there any witnesses/ if so, please provide their contact information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_

Did you file this complaint with another state, federal or local agency; or with a state or federal court?      Yes      No

If the answer to the previous question is yes, check each agency the complaint was filed with:

|                |               |              |
|----------------|---------------|--------------|
| Federal Agency | Federal Court | State Agency |
| State Court    | Local Agency  | Other        |

Please provide the contact information for the agency you also filed the complaint:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please sign and date the complaint for in the space below. Attach any documents you believe support your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date