

**Title VI Complaint Form**

Please Print All Information Below

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

Name of Individual assisting Complainant: \_\_\_\_\_

Complainant Address:

Assisting Individual Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Phone #

Assisting Individual Phone #

\_\_\_\_\_

\_\_\_\_\_

Basis of Complaint: (e.g., Race, Color, National Origin, Sex, Age, Disability, Retaliation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please provide the name(s), title and address of the person who discriminated against the Complainant.

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Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

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Please list any other agency where complaint has been filed:

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Complainant Signature:

Date:

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To file complaint, mail form to:  
Tri-County Regional Planning Commission  
Title VI Compliance Officer  
112 Market Street, 2nd Floor  
Harrisburg, PA 17101