



DISCRIMINATION COMPLAINT FORM

Discriminating against or excluding any person from access to or participation in Town of Leesburg facilities, programs, activities, or services, on the grounds of race, color or national origin is a violation of Town policy.

- A completed form must be submitted within 180 days of incident.
- Form must be signed and completed. Incomplete forms may not be processed by the Title VI coordinator.
- Print and sign the document before submission.
- Please submit the completed form and any other materials to support your claim to:

Email: titlevicoordinator@leesburgva.gov

Address:

Title VI Coordinator

Town of Leesburg

25 West Market Street

Leesburg, VA, 20176

TYPE OF DISCRIMINATION (REQUIRED):

I believe that the discrimination I experienced/witnessed was based on (check all that apply):

Race

Color

National Origin

Other (please explain): _____

CONTACT INFORMATION:

Reporting Individual Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed in response to FOIA request.

AFFECTED INDIVIDUAL (if different than Reporting Individual) What is the relationship to the affected individual?

None

Family Member

Coworker

Other

Is the individual aware of the complaint being filed? Please note, the individual will be contacted. Yes No

Affected Individual Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed in response to FOIA request.

TITLE VI COMPLAINT FORM *(continued)*

DETAILED INFORMATION ABOUT COMPLAINT

Please specify date, time, and location of incident/complaint

Date: _____ Time: _____ Specific Location: _____

Please provide a detailed description of the incident/complaint that has prompted you to file this complaint *(you may submit additional sheets or other materials as needed)*:

If known, please list the names of other persons involved in this incident and complete the requested information for each *(you may submit additional sheets or other materials as needed)*:

Name: _____ Employee: Yes No Unknown

Involvement: Participant Witness

Name: _____ Employee: Yes No Unknown

Involvement: Participant Witness

Please explain how you would like to see this matter resolved:

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Date of Contact with Complainant: _____ Date of Resolution and Action: _____