Complete this form and return to:

The City of Plymouth

Attn: Title VI /ADA/504Coordinator

Complainant's Name:

_____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____Telephone (Work): _____

What is the discrimination based on? ☐Race ☐Color ☐National Origin ☐Disability ☐Limited English Proficiency (LEP)

Date of the alleged discrimination: _____ Location: _____

Agency or person that was responsible for the alleged discrimination:

_____

_____

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

_____

_____

What remedy are you seeking?

_____

_____

_____

List names and contact information of persons who may have knowledge of the alleged discrimination.

_____

_____

Describe the alleged discrimination. Explain what happened and who you believe is responsible.

_____

_____

Complainant should sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that is relevant to your complaint.

_____ Signature _____ Date