



Ascutney Professional Building, Route 5  
Post Office Box 320, Ascutney, VT 05030  
802 674-9201 / fax 802 674-5711  
www.swcrpc.org

For Office Use
Date Received: _____
Case #: _____

Appendix D

## Title VI Discrimination Complaint Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Street No., PO Box, etc.): \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Summary of the Complaint (Explain as briefly and clearly as possible how you were discriminated against, who was involved, including names and titles, and other relevant information.):

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Name of witness(es): \_\_\_\_\_ Witness contact information: \_\_\_\_\_

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*Attach any additional written information*

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

Please return this form to: **Jason Rasmussen, Title VI Coordinator**  
**Southern Windsor County Regional Planning Commission**  
**P.O. Box 320**  
**Ascutney, VT 05030**

Telephone #: (802) 674-9201  
Fax #: (802) 674-5711  
Email: [jrasmussen@swcrpc.org](mailto:jrasmussen@swcrpc.org)

For Office Use

Discussions with complainant; Name: \_\_\_\_\_ Date: \_\_\_\_\_

Details of discussions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person taking report information: \_\_\_\_\_

Additional information required:  Yes  No Date requested: \_\_\_\_\_ Received: \_\_\_\_\_

Jurisdiction:  SWCRPC  Other (specify): \_\_\_\_\_

Complaint accepted:  Yes  No Date: \_\_\_\_\_

Report completed within 90 days:  Yes  No

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_