

Section IV
Have you previously filed a Title VI complaint with this agency? Yes ___ No ___
Section V
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes ___ No ___
If yes, check all that apply and enter name of agency or court:
<input type="checkbox"/> Federal Agency: _____
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____
Please provide information about a contact person at the agency or court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of the agency the complaint is against:

Please attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form in person at the address below or mail this form.

In person:
Mid-Columbia Council of Governments
Title VI Coordinator
1113 Kelly Ave.
The Dalles, OR 97058

By Mail
Mid-Columbia Council of Governments
Title VI Coordinator
1113 Kelly Ave.
The Dalles, OR 97058