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DISCRIMINATION COMPLAINT FORM

Name		Phone		Name of Person(s) That Discriminated Against You			
Address (Street No., P.O. Box, Etc.)				Location		Position of Person (If Known)	
City		State	Zip	City		State	Zip
Discrimination Because of: <input type="checkbox"/> Race/Color* <input type="checkbox"/> Sex <input type="checkbox"/> Disability** <input type="checkbox"/> Age <input type="checkbox"/> National Origin* <input type="checkbox"/> Retaliation <input type="checkbox"/> Religion				Date(s) of Alleged Incident(s)			

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.

Empty text area for the complaint description.

Signature	Date
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Please submit this form to the following agency:

Southwestern Pennsylvania Commission
 Title VI Coordinator
 42 21st Street, Suite 101
 Pittsburgh, PA 15222
 Phone: 412.391.5590

* indicates is specific to Title VI of the Civil Rights Act of 1964 **indicates is specific to Americans with Disabilities Act of 1990