

**LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainant's Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Discrimination because of:

☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN ☐ SEX ☐ AGE ☐ RELIGION ☐ RETALIATION
☐ SEXUAL ORIENTATION ☐ SEXUAL HARASSMENT ☐ DISABILITY

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature: _____ Date: _____

Received by: _____ Date: _____

Deliver or mail to: Title VI Complaint / ATTN: Transit Director / 510 S. Pleasantview Dr. / Weslaco, TX 78596