

Linn County Road DepartmentProviding safe and efficient transportation to

citizens and visitors of Linn County.

TITLE VI COMPLAINT FORM

Complainant's Name:		
Address:		
City:	State:	Zip Code:
Telephone Number:		
Were you discriminated ag	ainst because of your:	
□ Race	☐ National Origin	□ Religion
□ Color	□ Age	□ Disability
□ Sex	☐ Sexual Orientation	□ Income
☐ Other:		
Explain as clearly as possi who was involved and if ap	ident:	re discriminated against. Indicate lude the names and contact

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Have you filed this complaint with any other	r federal, state or local agency or with any court?
□ Yes □ No	
If yes, check and identify all that apply:	
☐ Federal Agency	
☐ Federal Court	
☐ State Agency	
☐ State Court	
☐ Local Agency	
Please provide information for a con complaint was filed:	ntact person at the Agency or Court where the
Name:	
Address:	
City, State, & Zip Code:	
Telephone Number:	
Please indicate how this complaint can be r	resolved and how the problem can be corrected.
Please sign below. You may attach any adbelieve is relevant to your complaint.	ditional written materials or other information you
Signature	Date
Please mail this form to:	
Title VI Coordinator Linn County Road Department 3010 Ferry St SW	

3010 Ferry St SW Albany, OR 97322