

Complaint Form:

Section I:	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
Section II:	
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin Date of Alleged Discrimination (Month, Day, Year): _____ Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.	
Section III:	
You may 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 to: Permian Basin Regional Planning Commission PO Box 60660 Midland, TX 79711 chenderson@pbrpc.org	
<i>If information is needed in another language contact (432) 563-1061</i> <i>Si necesita información en otro idioma contacte (432) 563-1061</i>	