

TOWN MANAGER
Ken Deal

TOWN CLERK
Pamela Mills

TOWN ATTORNEY
Tom Brooke



MAYOR
Charles Seaford

TOWN COUNCIL
Don Bringle
Arthur Heggins
Brandon Linn
Rodney Phillips
Steve Stroud

TOWN OF CHINA GROVE

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complainant’s Name: _____

Street Address: _____

City, State and ZIP Code: _____

Phone: Home _____ Cell _____ Business: _____

Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

City, State and ZIP Code: _____

**Which of the following best describes the reason you believe the Discrimination took place?
Was it because of your:** (check reason)

Race/Color: _____ Age: _____ National Origin: _____

Disability: _____

333 N Main Street, China Grove, NC 28023 | Phone (704) 857-2466 | Fax (704) 855-1855

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs).”

What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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:

___ Federal Agency ___ Federal Court ___ State Agency
___ State Court ___ Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: _____

Address: _____

City, State and ZIP Code: _____

Phone Number: _____

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

Complainant's Signature

Date

Please return form to:

Franklin Gover, AICP
Assistant Town Manager
Town of China Grove
333 North Main Street, China Grove, NC
28023
fgover@chinagrovenc.gov