



GRAFTON COUNTY COMMISSIONERS

603-787-6941
603-787-2656 Fax

3855 Dartmouth College Highway Box 1
North Haverhill, NH 03774

CIVIL RIGHTS TITLE VI COMPLAINT FORM

Name: _____ Date: _____
Address: _____
Phone: _____ Email: _____

Accessible format requirements: Large print Not applicable Other _____

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race, color, or national origin Disability
 Not applicable Other _____

I believe that a county department, office, or an organization receiving county financial support or pass-through grant funds, has failed to comply with the following program requirements:

Equal employment opportunity Civil Rights Title VI
 Disadvantaged Business Enterprise Other

Are you filing this complaint on your own behalf? Yes No

If no, what is the name and relationship of the person for whom you are complaining? Explain why you have filed for a third party,

Have you obtained permission of the aggrieved party? Yes No

Have you previously filed a civil rights complaint against the county? Yes No If yes, when was the complaint filed?

Have you filed this complaint with any of the following agencies? Yes No

if yes, please attach a copy of any response you received to your complaint

Department of Transportation Equal Employment Opportunity Commission
 Department of Justice Other

Have you filed a lawsuit regarding this complaint? Yes No

If yes, attach any related material and provide the case number and/or date:

Name of service provider, department, office, or organization the complaint is against:

Contact person name and title:

Phone: _____ Email: _____

May we release your identity and a copy of your complaint to the service provider, department, office, or Organization? Yes No *Note: we may be unable to investigate without releasing your identity and complaint.*

On separate pages, please attach a description of your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation-of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence.

Signature: _____ Date: _____

Note: We cannot accept your complaint without a signature.



COMMISSIONERS

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Linda D. Lauer ★ P.O. Box 147 • Bath, NH 03740 • (603) 747-4001
Marcia Morris ★ 104 Hobart Hill • Hebron, NH 03241 • (603) 254-5090