

**DISCRIMINATION COMPLAINT AGAINST BVCOG  
TITLE VI AND RELATED STATUTES**

**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Discrimination Complaint**

Name of Staff Person that You  
Believe Discriminated Against You: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

- You were discriminated because of:
- Race
  - Retaliation
  - Sex
  - Familial Status
  - Religion
  - Color
  - National Origin (or Language)
  - Age
  - Disability
  - Other

**Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:**

Signature:

Date:

Brazos Valley Council of Governments  
3991 E. 29<sup>th</sup> Street, Bryan, TX 77802  
P. O. Drawer 4128, Bryan, TX 77805  
Phone: 979-595-2800

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