GPTC TITLE VI COMPLAINT FORM				
NAME ADDRESS BEST PHONE NUMBER T EMAIL ADDRESS	TO REACH YOU			
	NCIDENT. Answer ques Who was involved (If th	tions such as: what h	NATIONAL ORIGIN sappened? Why do you to se state the route and ti	-
HAS A COMPLAINT ABO  IF SO, WITH WHAT AGE  PROVIDE A NAME AND	NCY OR AGENCIES?	YES	NO	
HAVE YOU FILED A COMIF SO, WITH WHAT AGE		YES	NO OTHER (SPECIFY)	
PLEASE ATTACH /	ANY OTHER INFORMAT	ION OR MATERIALS Y COMPLAINT.	OU THINK ARE RELEVAN	IT TO YOUR
YOU ARE F	REQUIRED TO SIGN AND	DATE YOUR COMPL	AINT. PLEASE DO SO BEI	LOW.
SIGNATURE:			DATE:	

15-Mar-21