

Have you filed this complaint with any other federal, state or local agency or with any court?

Yes No

If yes, check and identify all that apply:

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

Please provide information for a contact person at the Agency or Court where the complaint was filed:

Name: _____

Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Please indicate how this complaint can be resolved and how the problem can be corrected.

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

Signature

Date

Please mail this form to:

Title VI Coordinator
Linn County Road Department
3010 Ferry St SW
Albany, OR 97322