



# Grand Forks - East Grand Forks Metropolitan Planning Organization

## TITLE VI/ADA COMPLAINT LOG

Reporting Year:

Name:						
Address:				State:	Zip Code:	
<b>Status of Complainant:</b>						
Race:	Color:	National Origin:	Sex:	Age:	Disability:	Income Status:
Nature of Complaint (If you need more space please attach additional sheet[s]):						
Recipient (Processor of Complaint):						
Date Filed:		Date Investigation Completed:		Date of Disposition:		
Disposition (If you need more space please attach additional sheet[s]):						

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