

APPEAL FROM FINDING

Date _____

TO: (AGENCY NAME)

I, _____, wish to appeal the finding made on

_____ by _____
Date of Finding Name of Investigator/s

of () Non-Discrimination and/or () the proposed remedial action by the agency in the
Title VI complaint, filed by _____
Person with Title VI complaint

on _____ against _____
Date of Finding Person with Agency

at _____
Location

Signed: _____
Appellant

Address

Address