Appendix G

, 1, 3

COMPLAINANT CONSENT / RELEASE

Name (first, middle, last) Telephone number		
Maille	Unst, made, last)	Telephone number
		_
Address (number and street, city, state, ZIP code)		
Case number(s) (if known)		
As a complainant, I understand that during an investigation it may become necessary for the Town of Danville to		
reveal my identity to individuals outside of the Town of Danville government in the course of verifying		
information or gathering facts and evidence to develop a basis for making a civil rights compliance		
determination. I understand that it may be necessary for the Town of Danville to share information, including		
personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I		
am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by		
the nondiscrimination statutes enforced by the Town of Danville.		
Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below (Please		
mark one)		
П	CONSENT	×
Ų	I have read and understand the above information and authorize th	a Town of Denville to died
	identity to individuals as needed during the course of the investigat	ion for the purpose of varifying
	information or gathering facts and evidence relevant to the investigation of my complaint. Lauthorize	
	the Town of Danville to receive, review, and discuss material and in	formation about me relevant to the
	investigation of my complaint. I understand that the material and in	oformation will be used for
	authorized civil rights compliance and enforcement activities. I furt	her understand that I am not
	required to authorize this release and volunteer to do so.	
	CONSENT DENIED	
	I have read and understand the above information and do not want the Town of Danville to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the	
investigation of my complaint without the Town of Danville making a determination in my case Signature Date (month, day, year)		
o Brace	44.4	Date (month, day, year)

Julie Cooney
Title VI Coordinator

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