

Appendix D: Title VI COMPLAINT FORM

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint: (place checkmark)

- Race Color Sex
 National Origin Age Disability

Type of Complaint (place checkmark)

- Program Service Benefit Activity

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name	Title	Work Phone	Home Phone
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Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire _____

Signed _____ Date _____

Mail to:

Gina Reagan, Compliance Officer
Title VI Coordinator
Catholic Charities Steuben/Livingston 34 E State Street
Mt. Morris, NY 14510
(607)346-3588