

SERTOMA CENTRE, INC. TITLE VI COMPLAINT FORM

| | | | |
|-------------------|--|----------------|--|
| Name: | | | |
| Address: | | City: | |
| State: | | ZIP: | |
| Telephone: | | E-mail: | |

Accessible format of Form Needed? (check all that apply)

| | | | |
|--------------------------------------|-------------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape | <input type="checkbox"/> TDD | <input type="checkbox"/> Other: |
|--------------------------------------|-------------------------------------|------------------------------|---------------------------------|

Are you filling out this complaint on your own behalf?

| | | | |
|------------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | Name of person filing complaint: | | |
| | Address: | | |
| | City: | | |
| | State: | | |
| | ZIP: | | |
| | Telephone: | | |
| | E-mail: | | |
| | Your relationship to this person: | | |
| | Have you obtained permission to file on this person's behalf? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The discrimination alleged was on the basis of (check all that apply)

| | | | |
|-------------------------------|--------------------------------|--|---------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Other: |
|-------------------------------|--------------------------------|--|---------------------------------|

Date of alleged discrimination:

Where did alleged discrimination take place?

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved, include name and contact information of persons who discriminated against you (if known)

Please list any and all witness' names and contact information.

What type of corrective action would you like to see taken?

Have you filed a complaint with any other Federal, State or local agency/court?

| | | | | |
|---|---------------------------------------|--|--|-----------------------------|
| <input type="checkbox"/> Yes (check all that apply) | | | | <input type="checkbox"/> No |
| <input type="checkbox"/> Fed. Agency: | <input type="checkbox"/> Fed. Court: | | | |
| <input type="checkbox"/> State agency: | <input type="checkbox"/> State Court: | | | |
| <input type="checkbox"/> Local Agency: | <input type="checkbox"/> Local Court: | | | |

Please attach additional documentation as necessary. Sign and date below:

X

Your Signature

Printed Name