

Service Delivery/Civil Rights Compliance - Complaint Form

The purpose of this form is to assist you in filing an equal access to public service complaint. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

- * 1. State your name and address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: Home: _____ Work: _____

- * 2. Agency and department or program that discriminated:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: Home: _____ Work: _____

- * 3. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., Race: African American or Sex: Female).

Disability: _____

Marital Status: _____

Race/Color: _____

National Origin: _____

Religion: _____

Age: _____ Sex: _____

4. What are the most convenient time and place for us to contact you about this complaint?

5. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: Home: _____ Work: _____

- * 6. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

7. The laws we enforce prohibit recipients of funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #6). Please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

8. Please list below any persons (witnesses or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Work Phone	Home Phone

9. Do you have any other information that you think is relevant to our investigation of your allegations?

10. What remedy are you seeking for the alleged discrimination?

11. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(Date) (Signature)

Please feel free to add additional sheets to explain the present situation to us.

12. How did you learn you could file this complaint?
