



Title VI Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State

Telephone: \_\_\_\_\_

Home Work Cell

Basis of Complaint

- Race
- Color
- Sex
- National Origin
- Age
- Disability (ADA)
- Income
- Limited English Proficiency

Who allegedly discriminated against you?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State

Telephone: \_\_\_\_\_

Home Work Cell

If an organization, what is its name?

Name of Organization:

Name of person: \_\_\_\_\_

Address: \_\_\_\_\_

City State

Telephone: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

How were you discriminated against?

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Where did the alleged discrimination occur?

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Date/s and times discrimination occurred?

1.	4.
2.	5.
3.	6.

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the agency do to resolve the complaint?

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Have you filed your complaint with anyone else?

Who \_\_\_\_\_

When \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

Do you have an Attorney in this matter?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Telephone: \_\_\_\_\_

When did you acquire? \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:**

The Arc Steuben

Attn: Director of Quality Enhancement

Title VI Coordinator

Corporate Compliance Officer/Director of Quality Enhancement

One Arc Way

Bath, NY 14810

OR

**Phone:** Corporate Compliance Helpline (607) 622-1950

**Email:** corporatecomplianceconcerns@arcofsteuben.org