Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.:

Please provide the following information necessary in order to process your complaint. Should you require any assistance in completing this form, please let us know. Please complete this form and mail or deliver to:

The CareGivers
700 East Industrial Park Drive
Manchester, NH 03109

You can reach our office from Monday through Friday, 9 am to 3 pm at 603-622-4948.

Name: ____________________________________________

Address: ___________________________________________

City, State, Zip: _____________________________________

Phone #: Home / Cell _____________________ Work: _____________________

Are you filing this complaint on your own behalf? ___Yes ___No

If no, please supply the name of the person for whom you are filing this complaint:

Name of person you are filing for: ________________________________

Your relationship to the person: ________________________________

Have you obtained permission to file on behalf of the complainant? ___Yes ___No

What is the alleged discrimination based on? (Check all that apply)

___ Race ___Color ___ National Origin

Date of incident of the alleged discrimination: __________________
Please explain as clearly as possible what happened and why you believe you were discriminated against. Include the name and contact information of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses.

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Have you previously file a Title VI complaint with this agency?  ___Yes  ___No

Have you filed this complaint with any other federal, state, or local agency or court?  ___Yes  ___No

If yes, please check which agency(s) compliant was file with:

  ___Federal Agency  ___Federal Court  ___State Agency  ___State Court  ___Local Agency

Please sign and return this complaint, along with any supporting documentation to:

The CareGivers  
700 East Industrial Park Drive  
Manchester, NH  03109

_______________________________________________________________________________  ________________
Signature  Date