

CIVIL RIGHTS COMPLAINT FORM

Section 1

Name: _____

Address: _____
Street Address City State Zip Code

Telephone (Home): _____ Telephone (Alternate): _____

Electronic Mail Address: _____

If you require accessible format(s), please check the appropriate box(es):

Large Print Audio Tape DTDD Other, please specify

Section 2

Are you filing this complaint on your own? Yes (If yes, Go to Section 3) No (If no, go to next line)

Please provide the name and address of the person who alleges discrimination:

Name: _____

Address: _____
Street Address City State Zip Code

Please explain why you are filing this claim for a third party:

Please confirm that you have obtained permission. Yes No

Section 3

I believe that the discrimination experienced was based on (check all that apply):

Race Color National Origin (includes LEP) Disability

Date of alleged discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved and include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of the form or another sheet of paper.

Section 4

Have you previously filed a complaint with FCdCP? Yes No

Section 5

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

Yes No If yes, check all that apply and provide the name of the agency or court: Federal Agency:

Federal Court: _____ State Agency: _____ State Court: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____ Telephone Number: _____

Address: _____

Section 6

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

Signature and date required.

Complainant's Signature

Date

Please submit this form and any additional materials in person or mail to:

FAIRFIELD CENTER for INDEPENDENCE, INC.

681 E. Sixth Avenue

Lancaster, OH 43130

Attention: Executive Director

Si se necesita información en otro idioma, por favor llame al (740-653-5501).

FCdCP's use only:

Date Received:

Person receiving complaint: