

TITLE VI COMPLAINT FORM

Federal laws state that recipients of federal financial assistance should not discriminate on the grounds of race, color, national origin, sex, age, beliefs, or disability.

If you feel that you have been treated unfairly for any of these reasons, you have the right to file a formal complaint with Cumberland Heights' Title VI Coordinator. Please complete the following information so your complaint can be processed:

Are you filing this complaint for yourself? Yes No

If yes, please go to question number 2.

If no:

Name: _____ Phone Number: _____

What is the name, address, and phone number of the person you feel was treated unfairly:

| | | | |
|---------|-------|-----|-------|
| Name | | | |
| Address | | | |
| City | State | Zip | Phone |

Please tell us about the complaint.

Check the box or boxes you believe to be the reason for the unfair treatment:

- Race
 Color
 Birthplace
 Language
 Religion
 Beliefs
 Age
 Disability
 Sex

Date of alleged discrimination: _____

In your own words, tell us what happened (you may attach other information if needed):
