



Title VI Complaint Form is attached as APPENDIX B

SECTION I				
Name:				
Address:				
Telephone (cell):			Telephone (work):	
email:				
Accessible format requirements?	Large Print		Audio Tape	
	TDD		other	
SECTION II				
Are you filing this complaint on your own behalf?			yes*	no
*if you answered "yes" to this question, go to SECTION III .				
If not, please provide the name and relationship of the person for whom you are assisting in their complaint				
Please explain why you are assisting the complainant:				
Please confirm that you have obtained the permission of the complainant.			yes	no
SECTION III				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> national origin				
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. 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 this form.				

SECTION IV

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:

federal agency _____

federal court _____ state agency _____

state court _____ local agency _____

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

Name:

Title:

Agency:

Address:

Telephone Number:

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

Signature _____
Date

Please submit this form in person at the address below, or mail to:

**Human Resources Department
Easterseals Serving DC/MD/VA
1420 Spring St.
Silver Spring, MD 20910**