

## Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact 484-696-3854 prompt #5.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

*Basis of Complaint (circle all that apply):*

Race*	Color *
National Origin*	Sex/Gender
Age	
Retaliation	Other:

*Who discriminated against you?*

Name \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

*How were you discriminated against? (Attach additional pages if more space is needed)*

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\*Required field for all Title VI complaints

*Where did the discrimination occur?*

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*Dates and times discrimination occurred?*

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*Were there any other witnesses to the discrimination?*

Name	Organization/Title	Work Telephone	Home Telephone

*How would you like to see this situation resolved?*

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*Have you filed your complaint, grievance, or lawsuit with any other agency or court?*

Who \_\_\_\_\_ When \_\_\_\_\_  
Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_  
Complaint number, if known \_\_\_\_\_

*Do you have an attorney in this matter?*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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