



Civil Right Complaint Form

Name: _____

Address: _____

City State

Telephone: _____

Home Work Cell

Basis of Complaint

- Race
- Color
- Sex
- National Origin
- Age
- Disability (ADA)
- Income
- Limited English Proficiency

Who allegedly discriminated against you?

Name: _____

Address: _____

City State

Telephone: _____

Home Work Cell

If an organization, what is its name?

Name of Organization:

Name of person: _____

Address: _____

City State

Telephone: _____ Name of Contact: _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

1.	4.
2.	5.
3.	6.

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the agency do to resolve the complaint?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

Do you have an Attorney in this matter?

Name: _____

Address: _____

City

State

Telephone: _____

When did you acquire? _____

Signed _____ Date _____

Mail to:

The Arc Steuben

Attn: Director of Quality Enhancement

Title VI Coordinator

Corporate Compliance Officer/Director of Quality Enhancement

One Arc Way

Bath, NY 14810

OR

Phone: Corporate Compliance Helpline (607) 622-1950

Email: corporatecomplianceconcerns@arcofsteuben.org