TITLE VI COMPLAINT FORM

Section I:						
Name:						
Address:						
Telephone (Home): Telephone			(Work):			
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements? Section II:	TDD		Other			
	ant on vicini aven habalfo		Vac*	No		
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 supply the name and relationship of the person for whom you are complaining:						
Please explain why you ha	ve filed for a third party:		I			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No		
Section III:						
I believe the discrimination I experienced was based on (check all that apply):						
[] Race [] Color [] 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.						

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Section IV			
Have you previously filed a Title VI complai agency?	nt with this	Yes	No
Section V			
Have you filed this complaint with any other or State court?	Federal, State, or lo	ocal agency, or w	ith any Federal
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court	[] State Agency		
[] State Court	[] Local Agency		
Please provide information about a contact per filed.	erson at the agency	court where the	complaint was
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			
You may attach any written materials or other complaint.	information that yo	ou think is relevan	nt to your
Signature and date required below			
Signature		Date	

Please submit this form in person at the address below, or mail this form to: LOGAN Community Resources, Inc. Title VI Coordinator 2505 E Jefferson Blvd South Bend IN 46615