

TITLE VI- COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states that, "No person in the United States shall on the basis of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be submitted to discrimination in any program, service, or activity receiving federal financial assistance."

This form may be used to file a complaint with The Cerebral Palsy League, Inc. (CPL) for alleged violations of Title VI of the Civil Rights Act of 1964. **If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (908) 709-1800 ext 128 or via FAX (908) 709-0130.**

Only the complainant or the complainant's designated representative should complete this form.

NAME			DATE		
STREET ADDRESS					
CITY				STATE	ZIP CODE
HOMEPHONE #	WORK PHONE #	FAX #		EMAIL	

Individual(s) discriminated against, if different from above (use additional page(s) if necessary):

NAME			DATE		
STREET ADDRESS					
CITY				STATE	ZIP CODE
HOMEPHONE #	WORK PHONE #	FAX #		EMAIL	

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party Yes No

Which of the following best describes the reason you believe the discrimination took place?

Race Color National Origin Disability

Other: _____

On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Please as clearly as possible what happened? Provide the name(s) of witnesses and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written material pertaining to your case.)

SIGNATURE

DATE

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency _____
Federal Court _____
State Agency _____
State Court _____
Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____

Note: *The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:*

*The Cerebral Palsy League, Inc.
61 Myrtle St.
Cranford, NJ
Email:sgribbin@theclplinc.org*

