

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 |
| HOME PHONE # | 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 |
| HOME PHONE # | 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: _____

