Wabash Center Title VI Plan Complaint Form

Section I:
Name:
Address:
Telephone (Home): Telephone (Work):
Email Address:

Accessible Format
Requirements?
Large Print
Audio Tape
TDD
Other

Section II:
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 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

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.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Section IV
Have you previously filed a Title VI complaint with this agency? Yes No

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
[ ] Yes [ ] No
If yes, check all that apply:
[ ] Federal Agency: ____________________________
[ ] Federal Court ____________________________ [ ] State Agency ______________
[ ] State Court ____________________________ [ ] Local Agency ______________

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____________________________________             _________________
Signature    Date

If information is needed in another language, contact 765-423-5531.

Please submit this form to:

Jennifer Moreland, Chief Human Resources Officer
2000 Greenbush Street, Lafayette, IN 47904
765-423-5531
jmoreland@wabashcenter.com