

Community Resources for Independence
DISCRIMINATION COMPLAINT FORM

Instructions: Any person who believes she or he has been subject to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973, and the Civil Rights Restoration Act of 1987, as amended, may file a complaint with CRI.

If you believe you have been discriminated against in services by CRI based on a class protected by public policy, please complete this form and submit it to Community Resources for Independence at the address provided below. If information is needed in another language, then contact 800-530-5541. Si necesita mas informacion en otro lenguaje porfavor de llamar al 800-560-5541.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail 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):				
<input type="checkbox"/> Race (Title VI) <input type="checkbox"/> Color (Title VI) <input type="checkbox"/> National Origin (Title VI) <input type="checkbox"/> Ancestry <input type="checkbox"/> Religious Creed <input type="checkbox"/> Disability (ADA) <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Preference <input type="checkbox"/> Age <input type="checkbox"/> Veteran status <input type="checkbox"/> Other criteria prohibited by public policy (specify): _____				
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.				

