# Title VI – Complaint Form

If you wish to submit a Title VI Complaint to JRC, please fill out the form below and send it to:

JRC Operations Director  
1731 Grace Avenue NE  
Canton, Ohio 44705  
330.455.3934

For a full copy of JRC’s Title VI procedures, or for questions about this process, please call 330.455.3873.

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<tr>
<th>Complainant Last Name</th>
<th>First Name</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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If applicable, name and title of person(s) who discriminated against you

Location where the alleged incident took place

Date of alleged incident  
(or date range if activity took place on more than one date)

Is this activity still on-going: ____ Yes  ____ No

Discrimination was based on:

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<tbody>
<tr>
<td>____ Race</td>
<td>____ Color</td>
<td>____ Sex (includes sexual harassment)</td>
<td>____ Vietnam Era Veteran</td>
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<td>____ National Origin</td>
<td>____ Sexual Orientation</td>
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<td>____ Disabled Veteran</td>
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<td>____ Disability</td>
<td>____ Age</td>
<td>____ Retaliation</td>
<td></td>
<td>____ Creed/Religion</td>
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In your own words, describe the alleged discrimination. Be sure to included how you believe you were treated differently.

Please list below any person(s) we may contact for additional information to support or clarify your complaint.

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?  

☐ Yes  ☐ No

If yes, please check all that apply:

☐ Federal Agency  ☐ Federal Court  ☐ State Agency  ☐ State Court  

☐ Local Agency

Please provide the name and phone number of the contact person at the agency/court where the complaint was filed.

Please sign below. You may attach any written or other information that you think is relevant to your complaint.

____________________________________    ____________________
Signature                                      Date