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.

| Complainant Last Name | First Name | | MI | |
|--|------------------------|-------------------|---------|--|
| Address | City | State | Zip | |
| If applicable, name and title of pe | erson(s) who discrimir | nated against you | | |
| Location where the alleged incide | ent took place | | | |
| Date of alleged incident (or date range if activity took place on m | ore than one date) | | | |
| Is this activity still on-going: | _YesNo | | | |
| Discrimination was based on: | | | | |
| RaceColorSex (inclu | des sexual harassment) | Vietnam Era | Veteran | JRC Learning Center JRC Adult Day Center JRC Home Repair |
| National OriginSexual Or | rientation | Disabled Ve | teran | JRC Senior Housing |
| DisabilityAge | Retaliation | Creed/Religi | on | 1731 Grace Ave. NE Canton, Ohio 44705-2 |
| | | | | phone: 330.455.3873 |

It Day Center e Repair ior Housing ace Ave. NE

Ohio 44705-2261

30.455.3873 fax: 330.455.3934

www.JRCcares.org



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