## **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<br>(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<br>JRC Adult Day Center<br>JRC Home Repair |
| National OriginSexual Or   | rientation             | Disabled Ve       | teran   | JRC Senior Housing   |
| DisabilityAge  | Retaliation            | Creed/Religi      | on      | 1731 Grace Ave. NE<br>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