## 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, Julie Abiecunas, CEO 3300 Parkway Street NW Canton, Ohio 44708 330.454-3471

For a full copy of JRC's Title VI procedures, or for questions about this process, please call 330.454.3471.

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Kids.	Seniors. Community.

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				_
Complainant Last Name	First N	ame	MI	
Address	City	State	Zip	
If applicable, name and title of p	erson(s) who discrimin	ated against yo	u	
Location where the alleged incid	lent took place			
Date of alleged incident (or date range if activity took place on r	nore than one date)			
Is this activity still on-going:	Yes No			JRC Learning JRC Adult Da
Discrimination was based on:				3300 Parkway Canton, Ohio
RaceColorSex (incl	udes sexual harassment)	Vietnam Er	a Veteran	Phone: 330.45 Fax: 330.455.
National OriginSexual C	rientation	Disabled \	/eteran	www.JRCca
Disability Age	Retaliation	Creed/Reli	gion	United Way

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y Street NW 44708-3832

54.3471 3934





In your own words, describe the alleged discrimination. Be sure to you believe you were treated differently.	included how
you believe you were treated differently.	
Please list below any person(s) we may contact for additional info	rmation 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?	3 ,
If yes, please check all that apply:	
Federal Agency Federal Court State Agency State	ate Court
Local Agency	
Please provide the name and phone number of the contact persor agency/court where the complaint was filed.	at the
Please sign below. You may attach any written or other information is relevant to your complaint.	on that you think