

**Independence Plus, Inc (IPI)**

Title VI Complaint Form

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):

Race  Color  National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the people 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.

Section IV:

Have you previously filed a Title VI complaint with this agency?  Yes  No

Section V:

If yes, please provide any reference information regarding your previous complaint

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_  State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_  Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Section VI: \_\_\_\_\_

Name of agency complaint is against: \_\_\_\_\_

Name of person complaint is against: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number (if available): \_\_\_\_\_

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

Your signature and date are required below:

\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

Independence Plus, Title VI coordinator

3150 N 35th Ave., Ste 2

Phoenix, AZ 85017

(602) 484-7610, Ext 102, Gtriandafilou@indplus.org