



The Helping Hands Agency, Inc.  
"Helping to Build a Stronger Tomorrow"

## Discrimination Complaint Form

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):	Telephone (Work):		
Electronic Mail Address:			
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other	
<b>Section II:</b>			
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>			
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons 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.			
_____			
_____			
_____			
<b>Section VI:</b>			
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

