

Title VI Complaint Form

Strong House Adult Day Center

Contact: Title VI Coordinator Diane Gauthier, 203.245.0524

Name: _____

Address: _____

Telephone: _____ Email address: _____

Are you filing this complaint on your own behalf? Yes ___ No ___

If not please supply the name and relationship of the person for whom you are complaining and explain why you have filed for a third party:

Have you obtained the permission of the third party you are filing on behalf of? Yes ___ No ___

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 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, use the back of the form:

Have you filed this complaint with any other Federal, State or local agency or with any Federal or State court?

Yes ___ No ___

If yes, which agency or court? _____

Please provide the information of the contact person at the agency where the complaint was filed:

Signature

Date

Please submit this form in person or mail to Strong House Adult Day Center, 548 Durham Rd. Madison, CT 06443, ATTN: Diane Gauthier, Title VI Coordinator

Language assistance services are available free of charge for non-English speaking or hearing impaired individuals. Call 203-458-4200, TRS 711