

Title VI Complaint Form

Alternative Community Training

ACT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Executive Director by calling (573)474-9446. The completed form must be returned to: Alternative Community Training 2200 Burlington, C o l u m b i a , Missouri 65202.

Name:
Street Address, City, State and Zip:
Phone Number & Email Address:
Alternate Phone Number:
Name of person(s) discriminated against <u>(if someone other than complainant):</u>
Street Address, City, State and Zip:
Phone Number & Email Address:
Alternate Phone Number:

Please check the reason(s) for which you believe you were discriminated:

- Race
- Color
- National Origin (Limited English Proficiency)

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Have you filed a complaint with any other federal, state or local agency/ agencies/ court(s)?

Yes

No

If so, please list the agencies in which you filed a complaint and provide their contact information:

Agency:
Contact Person:
Street Address, City, State and Zip:
Phone Number & Email Address:
Agency:
Contact Person:
Street Address, City, State and Zip:
Phone Number & Email Address:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Print Name of Complainant

Date