



Discrimination Complaint Form

Title VI, Civil Rights Act of 1964

Date: ____/____/____

TO: ASAP of Anderson

I, _____, hereby file an official complaint against
_____ and state the following:

Name of Person or Agency

1. Complainant's Name _____
Address _____
City, State, and Zip Code _____
Telephone Number (home) _____ (other) _____
2. Person discriminated against (is someone other than the complainant)
Name _____
Address _____
City, State, and Zip Code _____
Telephone Number (home) _____ (other) _____
3. What is the name and location of the agency that you believe discriminated against you?
Name _____
Address _____
City, State, and Zip Code _____
Telephone Number (office) _____ (other) _____
4. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your: a. Race/ Color (specify) _____
b. National Origin (specify) _____
5. What date(s) did the alleged discrimination take place? _____

*continues on next page

6. In your own words, describe the alleged discrimination. Explain what happened, when and who you believe was responsible. (Attach additional pages if necessary)

7. Have you tried to resolve this complaint through the internal grievance procedure at the agency? Yes No If yes, what is the status of the grievance?

Name and Title of the person who is handling the grievance procedure.

8. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes No

If yes, check all that apply: 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 _____

Address _____

City, State, and Zip Code _____

Telephone Number _____ Email _____

9. Do you intend to file this complaint with another agency? Yes No

If yes, when and where do you plan to file the complaint? Date ____/____/____

Agency _____

Address _____

City, State, and Zip Code _____

Telephone Number _____ Email _____

*continues on next page

10. Has this complaint been filed with this agency before? Yes No

If yes, when? Date ____/____/____

11. Have you filed any other complaints with this agency? Yes No

If yes, when? Date ____/____/____ and against whom were they filed?

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____ Email _____

Give a brief description of the other complaint.

12. Please sign below.

Complainant Signature: _____ Date: ____/____/____

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

*** Section below to be completed by ASAP of Anderson ***

Referred to _____ on ____/____/____ for Investigation and Report.