

Capital City Area Council for Special Services

DBA Special Learning Center

Title VI Complaint Form

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Debbie Hamler, Executive Director
Special Learning Center
1115 Fairgrounds Road Jefferson City, MO 65109
E-mail: dhamler@speciallearningcenter.com
Fax: (573) 636-3247

1. Complainant's Name
a. Address:
b. City: State: Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/>) Please include area code Telephone Number (work) () ()
d. Electronic Mail Address: Do you prefer to be contacted via this e-mail address? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other (please specify):
3. Are you filing this complaint form on your own behalf? <input type="checkbox"/> Yes If yes, please go to QUESTION 7 <input type="checkbox"/> No If no, go to QUESTION 4
4. If you answered NO to question 3 above, please provide your name and address
a. Name of Person Filing Complaint:
b. Address:
c. City State: Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/>) Please include area code Telephone Number (Work) () ()
e. Electronic Mail Address: Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is your relationship to the person for whom you are filing the complaint?
6. 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, I have permission. <input type="checkbox"/> No, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI) <input type="checkbox"/> Other (please specify)
8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?

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10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

12. What type of corrective action would you like to see taken?

13. Have you filed a complaint with any federal, State, or local agency, or with any Federal or State Court? Yes **If yes, check all that apply** No

- a. Federal Agency (List agency's name)
- b. Federal Court (Please provide location)
- c. State Court
- d. State Agency (Specify Agency)
- e. County Court (Specify Court and County)
- f. Local Agency (Specify Agency)

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

Name:

Title:

Agency:

Telephone:

Address:

City:

State:

Zip Code:

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

Signature and date is required:

Signature

Date

If you completed Question 4, 5, and 6, your signature and date is required:

Signature

Date