Title VI, ADA and EEO Complaint Form

Any individual may exercise their right to file a complaint if that person believes that they have been subjected to unequal treatment or discrimination in the receipt of benefits or services or in employment. COMMUNITY SUPPORT SERVICES, INC. will make a concerted effort to resolve complaints at the lowest level possible.

Please complete this form to the best of your ability. If you need translation or other assistance, contact the human resources department. Please print, complete and return this form to the Director of Human Resources.

Name				
Address		_Cityz	Zip	
Phone: Home	Work	Mobile		
Email:				
Basis of Complaint	(mark all that apply):			
Race	Color	Religion	National Origin	
Sex/Gender	Sexual Orientation	Gender Identity	Age	
Disability	Retaliation	Other, please specify:		
Who discriminated	against you?			
Name				
Name of Organizati	ion			
			_ Zip	
Telephone		_		
	riminated against? (Attach			

How would you like to see this situation resolv	eu:
How would you like to see this situation resolv	
	od2
Home Telephone	
Name Organization/Title Work Telephone	
Work Telephone Home Telephone	
Organization/Title	
Name	
Were there any other witnesses to the discrim	ination?
Dates and times discrimination occurred?	
Where did the discrimination occur?	

Complaint number, if kno	wn			
Do you have an attorney i				
Name		Phone		
Address		City	Zip	_
I affirm that I have read t information and belief.	the above complain	nt and that it is true	e to the best of my k	nowledge,
Complainant Name: _				
Signature:			Date	