

## Title VI Discrimination Complaint Form

Warren County Community Services, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Warren County Community Services, Inc.

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. Warren County Community Services, Inc. will make a concerted effort to resolve complaints as quickly as possible.

If language translation is needed to complete this form, contact (513) 695-2100. We will set up an appointment with our selected translation service, which offers help on an as needed basis, 24 hours a day, 7 days a week in over 170 languages:

Language Line Solutions  
1 Lower Ragsdale Drive  
Monterey, California 93940  
1-877-862-1302.

### Your Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Your complaint of discrimination is based on: (Check all that apply)

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Race       | <input type="checkbox"/> Color              | <input type="checkbox"/> Religion                    | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Age                         | <input type="checkbox"/> Income          |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation        | <input type="checkbox"/> Limited English Proficiency |  |

Other, please specify:

Staff or Volunteer involved in your discrimination claim:

Name \_\_\_\_\_

Position/Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Describe the incident(s) (Attach additional pages if more space is needed):

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At what WCCS, Inc. location did the incident occur?

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Dates and times of incident(s):

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Witnesses to the incidents of incident(s):

Witness contact information:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Witness contact information:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

How would you like for this situation to be resolved?

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Have you filed a complaint with any other person or organization?

Name and title \_\_\_\_\_

Date \_\_\_\_\_ Case or complaint # \_\_\_\_\_

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

Complainant Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_