



PUTNAM COUNTY COMMUNITY CENTER

TITLE VI COMPLAINT FORM

"No person in the United States shall, on the grounds 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 any funded service the Putnam County Community Center provides, 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 an alternate format, contact us.

Mail this completed form to:

Michelle Halm, Director
Putnam County Community Center
128 First St.
PO Box 208
Standard, IL 61363
Fax: (815) 339-6071

PLEASE PRINT CLEARLY.

1. Complainant's name:		
a. Address:		
b. City:	State:	ZIP Code:
c. Telephone with area code (Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>)		
d. E- mail address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible format 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 on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7 <input type="checkbox"/> No If no, please 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 with area code (Home Cell Work)

e. E-mail address:

Do you prefer to be contacted via this e-mail address? Yes 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.

Yes, I have permission. No, I do not have permission.

7. I believe that the discrimination I experienced was based on (check all that apply)

Race Color National Origin

Other (please specify)

8. Date of alleged discrimination (Month, Day, Year):

9. Where did the alleged discrimination take place?

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

11. List witnesses' names and phone numbers/contact information, if known.
Use the back of this form or separate pages if additional space is required.

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

13. Have you filed a complaint with any other federal, state or local agency or with any federal or state court? Yes If yes, check all that apply No

- Federal agency (List agency's name)
- Federal court (Location)
- State court
- State agency (specify agency)
- County court (specify court and county)
- 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 required:

Signature

Date

If you completed questions 4, 5 and 6 on behalf of the complainant, signature and date required:

Signature

Date