

COALITION FOR INDEPENDENT LIVING OPTIONS, INC.

COMPLAINT FORM:

Section I:				
Name:				
Address:				
Telephone (Home): Telephone (Work):				
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party: _____ _____		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No

Section III:

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

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V

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:	
<input type="checkbox"/> Federal Agency:	
<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	

Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

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

Signature and date required below

Please submit this form to:

Genevieve Cousminer, Executive Director
Coalition for Independent Living Options, Inc.
6800 Forest Hill Boulevard
West Palm Beach, Florida 33413