



## Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.:

Please provide the following information necessary in order to process your complaint. Should you require any assistance in completing this form, please let us know. Please complete this form and mail or deliver to:

The CareGivers  
700 East Industrial Park Drive  
Manchester, NH 03109

You can reach our office from Monday through Friday, 9 am to 3 pm at 603-622-4948.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: Home / Cell \_\_\_\_\_ Work: \_\_\_\_\_

Are you filing this complaint on your own behalf?  Yes  No

If no, please supply the name of the person for whom you are filing this complaint:

Name of person you are filing for: \_\_\_\_\_

Your relationship to the person: \_\_\_\_\_

Have you obtained permission to file on behalf of the complainant?  Yes  No

What is the alleged discrimination based on? (Check all that apply)

Race  Color  National Origin

Date of incident of the alleged discrimination: \_\_\_\_\_

