

APPENDIX A

CARROLL COUNTY RSVP COMBINED TITLE VI CIVIL RIGHTS COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 requires that "No person in the United States shall, on the ground 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."

Title II of the Americans with Disabilities Act of 1990 states, in part, "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

All complaints must be in writing and signed by the complainant or his/her representative before action can be taken. Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination.

The completed form should be sent to:

Mary Carey Seavey, Director
Carroll County RSVP
PO Box 1182
North Conway, NH 03860
Email: mary.ccrsvp@gmail.com
Tel: (603)356-9331

Complainant Contact Information

(Person discriminated against)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

Person Discriminated Against

(If Other Than Complainant)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

Incident Details

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

- Race/Color
- Low Income
- Disability
- Limited English Proficiency
- National Origin
- Gender
- Age

What Citylink representative (s) are the person alleging were involved?

Date of incident resulting in discrimination

Time of Incident

Describe how you were discriminated against. Who was responsible and what happened?

For additional space, attach additional sheets of paper.

Where did the incident take place? Please provide specific details. (i.e. location, bus number, drivers name, etc.)

For additional space, attach additional sheets of paper.

Witnesses? Please provide their contact information.

Witness 1	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE		E - MAIL	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Witness 2	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE		E - MAIL	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Did you file this complaint with another federal, state, or local agency or court? Yes No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency Federal Court State Agency State Court Local Agency

Other _____ Date Filed: _____

AGENCY NAME	<input type="text"/>			CONTACT PERSON	<input type="text"/>	
AGENCY MAILING ADDRESS	<input type="text"/>				PHONE	<input type="text"/>
CITY	STATE	ZIP CODE		E - MAIL	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Sign the complaint in space below. Attach any documents you believe supports your complaint.

X _____
Complainant's Signature

Signature Date