

Title VI Complaint

Community Wellness Partners (CWP) is committed for ensuring compliance with Title VI of the Civil Rights Act of 1964 by Federal-aid recipients.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

☐ Race

☐ Color

☐ National Origin

Section II

*Name:

*Address:

*Telephone#:

*E-mail Address

Section III

Are you filing this complaint on your own behalf?

☐ Yes

☐ No

Have you previously filed a civil rights complaint?

☐ Yes

☐ No

Section IV

Have you filed this complaint with any of the following agencies?

☐ U.S. Department of Justice

☐ U.S. Department of Transportation

☐ Your State's Department of Transportation

☐ Local Public Agency

☐ U.S. Equal Employment Opportunity Commission

Have you filed a lawsuit regarding this complaint?

☐ Yes

☐ No

Section VI

Please Include Details of Your Complaint Below. CWP will contact you to request any additional documentation you may want to submit on behalf of your complaint. (include additional information on the back of this form)

Important: We cannot accept your complaint without a signature, so please sign below:

Signature: _____