

The Helping Hands Agency, Inc. "Helping to Build a Stronger Tomorrow"

Discrimination Complaint Form

| Section I: | | | | | |
|---|----------------|-------------------|--------------|-----|--|
| Name: | | | | | |
| Address: | | | | | |
| Telephone (Home): | Telephone (V | Telephone (Work): | | | |
| Electronic Mail Address: | | | | | |
| Accessible Format Requirements? | □Large Print | | □ Audio Tape | | |
| · | □TDD | | □Other | | |
| Section II: | | | | | |
| Are you filing this complaint on your own beh | alf? □Yes* □No | | □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 pe | ermission of | | | | |
| the aggrieved party if you are filing on behalf | of a third | □Yes | | □No | |
| party. | | | | | |
| Section III: | | | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | | | |
| □Race □Color □National | Origin | | y | | |
| Date of Alleged Discrimination (Month, Day, Yea <u>r):</u> | | | | | |
| 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 VI: | | | | | |
| Have you previously filed a Title VI complain | t with this | □Ye | 25 | □No | |
| agency? | | | ,5 | 10 | |



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| If yes, please provide any reference information regarding your previous complaint. | | | | |
|---|---|----|--|--|
| | | | | |
| | | | | |
| Section V: | | | | |
| | other Federal, State, or local agency, or with ar | ìу | | |
| Federal or State court? | | | | |
| □Yes □No | | | | |
| If yes, check all that apply: | | | | |
| □ Federal Agency: | | | | |
| □ Federal Court: | □State Agency: | | | |
| ☐State Court : | | | | |
| Please provide information about a co | ontact person at the agency/court where the | | | |
| complaint was filed. | | | | |
| Name: | | | | |
| Title: | | | | |
| Agency: | | | | |
| Address: | | | | |
| Telephone: | | | | |
| Section VI: | | | | |
| Name of agency complaint is against: | | | | |
| Name of person complaint is against: | | | | |
| Title: | | | | |
| Location: | | | | |
| Telephone Number (if available): | | | | |
| You may attach any written materials o | r other information that you think is relevant | | | |
| to your complaint. Your signature and | date are required below | | | |
| | | | | |
| - | | | | |
| Signature | Date | | | |
| Please submit this form in person at the Cynthia Kokasko, Executive Director | e address below, or mail this form to: | | | |
| 645 N Navajo PO BOX 3938 | | | | |
| Page, AZ 86040 | | | | |
| 928-645-3625 | | | | |
| Cynthia@Helpinghandsagency.com | | | | |
| A copy of this form can be found or | nline at www.helpinghandsagency.com | | | |