

# Title VI Complaint Form

## Alternative Community Training

ACT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Executive Director by calling (573)474-9446. The completed form must be returned to: Alternative Community Training 2200 Burlington, C o l u m b i a , Missouri 65202.

<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Alternate Phone Number:</b>
<b>Name of person(s) discriminated against <u>(if someone other than complainant)</u>:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Alternate Phone Number:</b>

**Please check the reason(s) for which you believe you were discriminated:**

- Race
- Color
- National Origin (Limited English Proficiency)

Persons who are deaf or hard of hearing may also contact ACT through Relay Missouri Services at (800)735-2966 or 711 (Toll Free – TTY)

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### **Date of Incident:**

Please describe the alleged discrimination incident. Provide the name and title of all individuals involved if available. Explain what happened and who you believe was responsible. You may attach any written materials or other information that you believe is relevant to your complaint.

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**Please list any witness(es) to the alleged discrimination:**

<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>

**What corrective action would you like to see taken?**

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**Have you filed a complaint with any other federal, state or local agency/ agencies/  
court(s)?**  Yes  No

**If so, please list the agencies in which you filed a complaint and provide their contact information:**

<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>

*I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.*

**Complainant's Signature Date**

**Print Name of Complainant Date Page 4 of 4**

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