

## Discrimination Complaint Form

### People Incorporated

People Incorporated is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of gender, age, or income, in addition to race, color, national origin, or disability as provided by Title VI of the Civil Rights Act of 1964 ("Title VI"), as amended, and the Americans with Disability Act of 1990 ("ADA.") Title VI and ADA complaints must be filed within 180 calendar days from the date of the alleged discrimination.

#### Complainant:

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

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

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

Telephone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

#### Person allegedly discriminated against (if someone other than Complainant):

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

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

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

Telephone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Please indicate why you believe the alleged discrimination occurred.**

#### Protected by Title VI:

- Race
- Color
- Nation Origin

#### Protected by ADA:

- Disability

#### Other:

- Gender
- Age
- Income

**What was the date of the alleged discrimination?** \_\_\_\_\_

**Where did the alleged discrimination take place?** \_\_\_\_\_

**Please describe the circumstances of the alleged discrimination:**

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**Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (Federal, State, or local)?**

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**Please list any and all witnesses' names and phone numbers:**

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**What remedy are you requesting? Please be specific:**

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As a complainant, I understand that People Incorporated may need to disclose my name during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of People Incorporated to honor requests under the Freedom of Information Act: I understand that it may be necessary for People Incorporated to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by People Incorporated policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by People Incorporated.

**Please check one:**

**I GIVE CONSENT**  **I DENY CONSENT**

Please attach any documents that support the allegation. Then, sign and date this form and send all materials to

People Incorporated  
4 South Main Street  
Fall River, MA 02721  
508-679-5233

Signature: \_\_\_\_\_ Date: \_\_\_\_\_