Louise Graham Regeneration Center Title VI Complaint Form

Section I			
Name:			
Address:			
Email:	-		
Telephone (Home): Telephone (Cell)		Telephone (Work):	
Section II			
		[] \/*	[] N-
	complaint on your own behalf?	[]Yes*	[] No
* If you answered "yes" to this question, go to Section III.			
If not, please provide 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 permission of the			
aggrieved party if	you are filing on behalf of a third par	ty. []Yes	[] No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
[] Race	[] Color	[] National Origin	[] Age
[] Disability	[] Family or Religious Status	[] Other (explain))
Date of Alleged D	iscrimination (Month, Day, Year):		
Explain as clearly	v as possible what happened and	why you believe you w	vere discriminated against
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 IV		
Have you previously filed a Title VI complaint with this agency? [] Yes [] No		
Section V		
Have you filed this complaint with any other Federal, State or local agency, or court?		
[]Yes []No		
If yes, please detail to whom the complaint was made and when:		
Please provide information about a contact person at the agency or court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Email:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

Please submit this form in person or mail it to:

Carl Estes, Regional Manager 2301 3rd Avenue S. St. Petersburg, FL 33712 (727) 327-9444 Email: cestes@louisegraham.org