

TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

FOR OFFICE USE ONLY: Location: \_\_\_\_\_ Department: \_\_\_\_\_

Community First Solutions is committed to ensuring that no person will be denied the benefits of or be excluded from the participation in or be subjected to discrimination under any program, service, or activity administered by Community First Solutions and its subsidiaries, consultants, or contractors on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency.

Title VI/Nondiscrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

**Complainant Name:** \_\_\_\_\_

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

City, state, zip code: \_\_\_\_\_

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

**Are you filing this complaint on your own behalf?** Yes \_\_\_ No \_\_\_ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Race  Color  National Origin *(Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964)*
- Gender/Sex  Age  Disability  Low-Income Status  Limited English Proficiency

**Date and place of alleged discriminatory actions.** Please include earliest date and most recent date of discrimination: \_\_\_\_\_

\_\_\_\_\_

**Please describe the circumstances of the alleged discrimination.** Describe as clearly as possible what happened and why you believe you were discriminated against based on your protected status (e.g., race, color, national origin, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please provide any additional information that you believe is relevant to this complaint;  
attach additional documentation which supports your allegations if needed.**

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*[For transit-related complaints, individuals who believe they have been subjected to discrimination must attempt to resolve the issue at the lowest level possible. That is, if you believe you have been discriminated against by a local transit provider you must file an internal complaint first with the local provider. Complaint forms can be found in public areas of the transit provider and on the provider's website.]*

**Sign and date this form and send or email all documents to:**

Community First Solutions

Human Resources Department

230 Ludlow St.

Hamilton, Ohio 45011

humanresources@community-first.org

Phone: (513) 785-4750; Ohio Relay Service: (800) 750-0750

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

**\*Note-we cannot accept an unsigned complaint form**