

## Title VI Complaint Form

Before completing this form, please read the easterseals Title VI Complaint Plan located on the easterseals website at www.easterseals-swfl.org or by visiting the easterseals administrative office, located at 350 Braden Avenue. The following information is necessary for understanding and processing your complaint and for follow up or clarification of specific details. If you require assistance in completing this form, please contact the easterseals administrative office at (941) 355-7637. Complaints must be filed within 180 calendar days after the date when the alleged discrimination occurred to ensure proper investigation of the complaint.

Section I					
Complainant's Name (i.e., the name of the person alleging discrimination):					
Complainant's Physical Address:					
Contact Phone Number (including area code):					
Email Address:					
Section II					
Are you filing this complaint on your own behalf? YES NO If yes, go to Section III.					
If not, please supply your name and relationship to the person for whom you are complaining.					
Please explain why you have filed for another person.					

Do you have permission from the aggrieved party to file this complaint? YES NO

Section III
I believe the discrimination I experienced was based on (check all that apply):  Race
Class / Socioeconomic Status
National Origin
Date(s) when the alleged discrimination occurred:
Location(s) where the alleged discrimination occurred:
Describe as clearly as possible what happened, and why you believe discrimination occurred. Describe all persons involved, and provide their names and contact information if possible.

Complaint by providing that person's name, telephone number and/or email address.	
NAME:	
TELEDIJONE NUMBED.	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
s there any other relevant information to further the investigation of this complaint?	
Vhat do you suggest as corrective actions to prevent a recurrence of this problem?	

Identify any person who may provide additional information to support or clarify this Title VI

## Section IV

If you have complained about this problem before, please provide specific details:					
a.	When did this happen?				
b.	Where did this happen?				
d.	Was a complaint filed with Manatee County Government?				
YE	NO NO				
If ye	es, please provide the date of the previous complaint.				
- 1					

## Section V

Have you filed the State court?	nis complaint with any	other Fed	eral, State or local agency or with any Federal or				
`	YES	N	0				
If yes, check the agency or agencies that apply:							
Federal Agency		Name:					
Federal Court		Name:					
State Agency		Name:					
State Court		Name:					
Local Agency		Name:					
You may attach any written materials or other information that you believe is relevant to your complaint.  Signature and Date Required Below							
Signature							
Date							
Please submit this form in person at the address below, or mail this form to:							
Linda Poteat-Brown Human Resources and Safety Director Easterseals Southwest Florida							

350 Braden Avenue Sarasota, FL 34243