

Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with Cerebral Palsy Research Foundation, Inc. - Timber Lines Transportation. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:					
Name:					
Address:					
elephone (Home): Telephone (Work):					
Electronic Mail Address:					
Accessible Format Requirements?	Large Print	1	Audio Tape		
	TDD		Other	Other	
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this question, go to Section III.					
If not, please supply 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 party.			Yes	No	
Section III:					
I believe the discrimination I experienced was based on (check all that apply): [} Race [] Color [] National Origin					
Date of Alleged Discrimination (Month, Day, Year):					
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 attach additional pages.					



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 with any Federal or State court? [] Yes { } No					
If yes, check all that apply:					
[] Federal Agency: [] Federal Court [] State Agency [] State Court [] Local Agency.					
Please provide information about a contact person at the agency/court where the complaint was filed.					
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact Person:					
Title:					
Telephone Number:					
You may attach any written materials or other information that you think is relevant to your complaint.					
Signature and date required below:					
Signature					
Date:					
21 N. Old Manor, Wichita, KS 67208 (316) 651-5289 FAX	X (316) 651-5214				