Clovernook Center for the Blind and Visually Impaired

Title VI and Related Statutes Discrimination Complaint Form

FOR OFFICE USE ONLY: Location: _______________ Dept.: _______________

Clovernook Center for the Blind and Visually Impaired 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 Clovernook Center or its sub-recipients, 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.):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Were there any witnesses to your alleged discrimination? Yes____ No____

If yes, provide their name(s) and phone number(s):
_________________________________________________________________________

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

Have you filed, or intend to file a charge or complaint regarding the matters raised in this complaint with any other agencies or courts (federal, state, or local)?
Yes____ No____
If you have already filed a charge, or complaint please provide the following:

Agency/Court: ________________________________________________________________

Date filed: _________________________________________________________________

Address: _________________________________________________________________

Case Number: _____________________________________________________________

Attorney Name: ___________________________________________________________

Status of case: _____________________________________________________________

Attorney Phone Number: ___________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Sign and date this form and send all documents to:

Clovernook Center for the Blind and Visually Impaired
Attn: Title VI Coordinator
7000 Hamilton Avenue
Cincinnati, Ohio 45231

Signature: ________________________________________________________________

Date: ____________________________________________________________________

*Note—we cannot accept an unsigned complaint form