



Title VI Complaint Form

Impact Support Services is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Director of Human Resources by calling (573) 474-9446. The completed form must be returned to: Impact Support Services, 1605 Chapel Hill Dr., Ste. B, Columbia, MO 65203.

Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Alternative Phone Number:	
Email Address:		
Name of the person(s) discriminated against (if someone other than complainant):		
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
Please check the reason(s) for which you believe you were discriminated against: Race Color National Origin (Limited English Proficiency)		
Date of Incident:		

Please describe the alleged discrimination incident. Provide the name and title of all individuals involved if available. Explain what happened and who you believe was responsible. You may attach any written materials or tother information that you believe is relevant to your complaint:

Please list any witness(es) to the alleged discrimination:

Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

What corrective action would you like to see taken?

Have you filed a complaint with any other federal, state or local agency/agencies/court(s)?

Yes

No

If so, please list the name of the agencies in which you filed a complaint and provide their contact information:

Agency:		
Contact Person:		
Street Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		
Agency:		
Contact Person:		
Street Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date:

Print Name of Complainant