

# TEAM Services, Inc.

## Title VI Complaint Form

<b>Contact Information:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>
Electronic Mail Address		
Accessible Format Requirements?	Large Print TDD	<b>Audio Tape Other</b>
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, please proceed to Complaint Information below.		
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
<b>Complaint Information:</b>		
I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National Origin [ ] Other: Specify _____		
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 use the back of this form.  _____  _____		
Have you previously filed a Title VI complaint with this Agency?	Yes	No

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency:_____	
<input type="checkbox"/> Federal Court_____	<input type="checkbox"/> State Agency_____
<input type="checkbox"/> State Court_____	<input type="checkbox"/> Local Agency_____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

**Ashley Hammond**  
**Filling the Gap - Human Resource Department**  
**92 Fairmount Avenue**  
**Jamestown, NY 14701**  
**716-661-1485**  
**FAX: 716-485-4612**  
[ashley.hammond@fillingthegap.net](mailto:ashley.hammond@fillingthegap.net)