## **Programs Employing People- Title VI Complaint Form**

X Agency website, either as a reference in the Notice to Public or in its entirety

X Hard copy in the central office

Programs Employing People's Title VI Complaint Procedure is made available in the following locations: (check all that apply)

X Available in appropri	ate languages for LEP popu	lations, meetin –	g the Safe Harbor T	hreshold.		
Section I:						
Name:						
Address:						
Telephone (Home):		Telephone (	Telephone (Work):			
Electronic Mail Address:						
Accessible Format Requirements? Section II:	Large Print TDD	$\perp$	Audio Tape Other			
	our own bobolf?		Voo*	No		
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 object party if you are filing on behalf of	Yes	No				
Section III:						
I believe the discrimination I experience  [] Race* [] Color* [] Nation  Date of Alleged Discrimination (Nation  Explain as clearly as possible who persons who were involved. Includif known) as well as names and of this form.	nal Origin* [] Physical Dis Month, Day, Year): nat happened and why you be ude the name and contact info	ability [] Sexi	discriminated against person(s) who discrim	ninated against you		
*Protected Class under Title VI o	f the Civil Rights Act of 1964					
Have you previously filed a Title	VI complaint with this agency	?	Yes	No		

Section V							
Have you filed thi	s complaint with any other Fed	eral, State, or local agency, or	r with any Federal o	r State court?			
[] Yes	[] No						
If yes, check all the	nat apply:						
[] Federal Agenc	y:						
[] Federal Court		[] State Agend	[ ] State Agency				
[] State Court		[ ] Local Agend	[] Local Agency				
Please provide in	formation about a contact pers	on at the agency/court where	the complaint was f	ïled.			
Name:							
Title:							
Agency:							
Address:							
Telephone:							
Section VI							
Name of agency	complaint is against:						
Contact person:							
Title:							
Telephone number	er:						
complaint.	any written materials or o	ther information that you	think is relevan	t to your			
Signature	is form in person at the s	ddraga bolow, or mail th	Date				
riease submit th	is form in person at the a	duress below, or mail thi	เราบทีที่ เด.				

**Programs Employing People** Title VI Coordinator 1200 South Broad Street

Philadelphia PA., 19146