

## The Arc of Chester County Complaint Form

### Section 1: Contact Information

Complainant Name:

If the complainant is making the complaint on behalf of someone,  
For whom is this complaint being reported?

Is the individual aware that the complainant is submitting this complaint?

What is the relationship of the complainant to the individual?

Complainant Address:

Complainant Phone Number:

Complainant Email:

Do you need any accommodations or assistance to complete the form:

Oral presentation     Language    If yes, which language?

Large Print     Scribe

Other – Please describe:

### Section 2: Incident Information

Date of incident:

Time of Incident:

Location of Incident:

Type of complaint:

Discrimination:

Title VI of the Civil Rights Act of 1964:     Race     Color     National Origin

Other forms of Discrimination:

Religious creed     Age     Ancestry     Disability

Sex including gender identity and sexual orientation

Other - Please describe:

Americans with Disabilities Act

Language/Communication not in the preferred method of the individual

Rights of the individual

Program/Service Delivery Circumstances

Administrative Decision made concerning the individual

Other - Please describe:

Name(s) of People Involved:

**CONTINUED ON THE BACK OF THIS PAGE**

Describe what happened:

Is there any other information that you feel would be helpful for us to know?

Is there anyone we can contact for additional information?

### Section III – Additional Information

Have you/the complainant previously filed a discrimination complaint against The Arc of Chester County?

Have you filed this complaint with any other agency? \_\_\_\_\_ If yes, please check all that apply:  
\_\_\_\_\_ Federal Agency                      \_\_\_\_\_ Federal Court  
\_\_\_\_\_ State Agency                              \_\_\_\_\_ State Court  
\_\_\_\_\_ Local Agency                              \_\_\_\_\_ Other: \_\_\_\_\_

Please indicate the name of the agency/court:

\_\_\_\_\_  
Signature of Person Completing the Form

\_\_\_\_\_  
Date

You may submit this completed form to the attention of your Program Director via email or by mail at The Arc of Chester County, 900 Lawrence Drive, West Chester, PA 19380.

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