

**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 between the complainant and the individual?

\_\_\_\_\_

Complainant Address: \_\_\_\_\_

Complainant Phone : \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_ Harassment

\_\_\_\_\_ 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:

\_\_\_\_\_

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 and/or harassment complaint against The Arc of Chester County?

\_\_\_\_\_ 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, by fax at 610-696-8300, or by mail at The Arc of Chester County, 900 Lawrence Drive, West Chester, PA 19380.

Last Updated: August 2025

#### Arc Use Only:

Date and Time Received:

Employee Name of who received the complaint: