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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