

ATTACHMENT B - COMPLAINT FORM

Park Lawn School & Activity Center, Inc.
TITLE VI COMPLAINT FORM

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know. Please mail or return this form to

James R. Weise Executive Director
Park Lawn School & Activity Center, Inc.
10833 S. LaPorte Ave., Oak Lawn, IL 60453
jweise@parklawn.com Fax: 708-425-3530

Name: _____
Address: _____ City: _____
State: _____ ZIP: _____
Telephone: _____ E-mail: _____

Accessible format of Form Needed? Check all that apply
 Large Print Audio Tape TDD Other: Click here to enter text.

Are you filling out this complaint on your own behalf?

No
 Yes

Name of person filing complaint:
Address: _____
City: _____
State: _____
ZIP: _____
Telephone: _____
E-mail: _____

Your relationship to this person:
Have you obtained permission to file on this person's behalf? Yes No

The discrimination alleged was on the basis of (check all that apply)
 Race Color National Origin Other: Click here to enter text.

Date of alleged discrimination: _____
Where did alleged discrimination take place? _____

Explain as clearly as possible what happened and why you believe you were discriminated against.
Describe all persons involved, include name and contact information of persons who discriminated against you (if known)

Click here to enter text.

Please list any and all witness' names and contact information.

Click here to enter text.

What type of corrective action would you like to see taken?

Click here to enter text.

Have you filed a complaint with any other Federal, State or local agency/court?

Yes (check all that apply)
 Fed. Agency: Click here to enter text. Fed. Court: Click here to enter text. No
 State agency: Click here to enter text. State Court
 Local Agency: Click here to enter text. Local Court

Please attach additional documentation as necessary. Sign and date below:

 X
Your Signature

Printed Name