



Child Adult Resource Services, Inc.
Title VI Complaint Form

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

E-Mail Address:

Accessible Format Requirements?	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Other

Section II:

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 obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III:

I believe the discrimination I experienced was based on (check all that apply):
 Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form (or an attached sheet of paper)

Section IV

Have you previously filed a Title VI complaint with this agency? Yes No

Section V

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

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are **required** below:

Signature

Date

If information is needed in another language, contact Holly Konarski, 765-569-2076

Please submit this form to:

Child-Adult Resource Services, Inc. (C.A.R.S.)
Holly Konarski – Quality Assurance Coordinator
Mailing Address: PO Box 170
Physical Address: 201 North Dormeyer Avenue
Rockville, IN 47872
765-569-2076
hkonarski@cars-services.org