



Impact NW Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternative formats, please let us know.

Please complete this form and mail or return in person to: Impact NW, [Steffani Cuff, QA Director, [10055 E Burnside, Portland, Oregon 97216].

Section I:

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print

Audio Tape

TDD

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.

Section IV:

Have you previously filed a Title VI complaint with Impact NW?

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: _____

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

Signature and date required below.

Signature

Date

Please submit this form via mail or email to:

Impact NW
QA Director
Quality Assurance Department
P.O. Box 33530
Portland, OR 97292
qa@impactnw.org

In person:
QA Director
10055 E Burnside St
Portland, OR 97215