## **Lenape Valley Foundation**

## **Title VI Complaint Form**

Lenape Vally Foundation's Title VI Complaint Procedure is made available in the following locations:

**X** Agency website, either as a reference in the Notice to Public or in its entirety

**X** Hard copy in the central office

Section I:					
Name:					
Address:					
Telephone (Home): Telephone			Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
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 [] Co	[] 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 this agency?	•	Yes	No	
Section V					
Have you filed this complaint with	h any other Federal, State, or	local agency, o	r with any Federal or	State court?	

[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	<u> </u>
[] 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 othe complaint.  Signature and date required below	er information that you think is relevant to your
 Signature	Date

Please submit this form in person to the address below, or mail this form to the address below, or email to the address below. You can also call the number listed below for more information.

## **Lenape Valley Foundation Compliance**

621 Shady Retreat Doylestown PA 18901

Email: <a href="mailto:compliance@lenapevf.org">compliance@lenapevf.org</a>
Telephone: 267-893-5504