

# LIFE Geisinger Title VI complaint form

LIFE Geisinger will assure that no person shall be discriminated against, denied benefits, or excluded from participation in services on the grounds of race, color or national origin (Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d)

Any person believing they have been discriminated against based on disability should visit [LifeGeisinger.org](http://LifeGeisinger.org) or go to one of the below to complete the Title VI complaint form:

LIFE Geisinger 1100 Spruce St. Kulpmont, PA 17834	LIFE Geisinger 106 N. Derry Heights Blvd. Lewistown, PA 17044
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You can mail this form to either address above or email it to: [bcoolbaugh1@geisinger.edu](mailto:bcoolbaugh1@geisinger.edu).

## Section I

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Accessible format requirements?  Large print  TDD  Audio tape  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 you answered "no," what are the name and relationship of the person for whom you are filing? \_\_\_\_\_

Explain why you are filing for a third party: \_\_\_\_\_

Confirm that you have 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 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 you need more space, attach a separate sheet to this form.

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### 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 court: \_\_\_\_\_

State agency: \_\_\_\_\_  Local agency: \_\_\_\_\_

Provide contact information for the agency/court where the complaint was filed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

You may attach any written materials or other information relevant to your complaint.

Be sure to sign and date below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_