The Kennedy Collective℠

TITLE VI DISCRIMINIATION COMPLAINT FORM

Complainant's Name: _____

Street Address: _____

City/State/ Zip: _____

Phone: _____

Discrimination because of: ☐ Race ☐ Color ☐ National Origin ☐ Other

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you, including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible; what happened, how you felt that you were discriminated against, and who was involved. If applicable, please include how other persons were treated differently from you in the same circumstances.

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: _____

Street Address: _____

City/State/ Zip: _____

Phone: _____

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

Please sign below.

Signature/eSign: _____ Date: _____

Please electronically submit your complaint to: vreyher@thekennedycollective.org

Paper submissions may be mailed to:

The Kennedy Collective
Attn: Valerie Reyher
2440 Reservoir Avenue
Trumbull, CT 06611