

## Metropolitan Family Service 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: Metropolitan Family Service, attention: Susan Posner, Chief Human Resources Officer, 2200 NE 24<sup>th</sup> Avenue, Portland, OR 97212**

### 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.

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**Section IV:**

Have you previously filed a Title VI complaint with Metropolitan Family Service?

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**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 in person, or mail to:  
Metropolitan Family Service  
Attention: Susan Posner, Chief Human Resources Officer  
2200 NE 24<sup>th</sup> Avenue, Portland, OR 97212