

Community Action Partnership of Strafford County (CAPSC) is responsible for ensuring that our programs properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

Any person who believes that they have been discriminated against based on race, color, or national origin by CAPSC may file a complaint by completing, signing, and completing this Title VI Complaint Form.

Community Action Partnership of Strafford County

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-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:		
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p>Title VI: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin</p> <p>Other (specify): _____</p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Section IV		
Have you previously filed a Civil Rights related complaint with this agency?	Yes	No
Section V		
<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Federal Agency: _____</p> <p><input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____</p> <p><input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____</p>		
If marked Yes in Section V, 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 other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Community Action Partnership of Strafford County
Human Resources Dept
577 Central Ave, Ste 10
Dover, NH 03820
603-435-2500
HR@straffordcap.org