

Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	Other (describe)
Section II:		
Are you filing this complaint on your own behalf? (Circle one)		*Yes   No
*If you answered "yes" to this question, go to Section III.		
If you answered "no" to this question, please supply the name and relationship of the person for whom you are filing this complaint:		
Please explain why you have filed a complaint on behalf of another person:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of another person.		Yes   No
Section III:		
I believe the discrimination I experiences was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> 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 complain with CADES? (circle one)		Yes   No
Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? (circle one)		*Yes   No

*If your circled "yes", check all that apply and write in the name of the agency:	
<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> State Agency:
<input type="checkbox"/> Federal Court:	<input type="checkbox"/> Local Agency:
<input type="checkbox"/> State Court:	
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: Children and Adult Disability and Educational Services (CADES)	
Contact person: John Muehsam, PhD, LSW	
Title: Quality Assurance Director	
Telephone number: 610-328-5955 ext. 1177	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

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

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

John Muehsam  
 Quality Assurance  
 Director CADES  
 401 Rutgers Avenue  
 Swarthmore, PA 19081

Or email to [John.muehsam@caedes.org](mailto:John.muehsam@caedes.org) Or fax to John Muehsam 610-328- 0495  
 Discrimination Investigations, Complaints, and Lawsuits

