SERVE, Inc. TITLE VI COMPLAINT FORM

If you have been discriminated against on the basis of race, color, or national origin by SERVE, Inc., you may file a Title VI Complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

SERVE, Inc.
Attn: Courtney Harrison
4901 County Rd. 304
Fulton, MO 65251
courtney@serveinc.net

Fax: 573-642-2191

1. Complainant's name:			
Address:			
City:	State:	Zip Code:	
Daytime telephone: ()			
E-mail address:			
Do you prefer to be contacted via e-mail?	? □ Yes □ No		
2. Are you filing this complaint on your own behalf? ☐ Yes If YES, please go to question 6. ☐ No If NO, please go to question 3.			
3. Please provide your name and add	ress.		
Name of person filing complaint:			
Address:			
City:	State:	Zip Code:	
Daytime telephone: ()			
E-mail address:			
Do you prefer to be contacted via e-mail?	? □ Yes □ No		
4. What is your relationship to the person for whom you are filing the complaint?			
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.			
☐ Yes, I have permission. ☐ No, I do	not have permission		
6. I believe that the discrimination I experienced was based on (check all that apply)			
☐ Accessibility issue ☐ Discrimination based on disability ☐ Other			
7. Date of alleged discrimination (Month, Day, Year):			
8. Where did the alleged discrimination take place?			

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.		
_	names and phone numbers/contact information. e pages if additional space is required.	
ose the back of this form of separate	s pages il additional space is required.	
11. What type of corrective action wo	uld you like to see taken?	
12. Have you filed a complaint with ar federal or state court? ☐ Yes If you	ny other federal, state, or local agency, or with any es, check all that apply. □ No	
☐ Federal Agency (List agency's name)	
☐ Federal Court (Please provide location	on)	
☐ State Court		
☐ State Agency (Specify agency)		
☐ County Court (Specify court and cou	nty)	
☐ Local Agency (Specify agency)		
	a contact person at the agency/court where the	
Name:	Title:	
Agency:	Telephone: ()	
Address		
City:	State: Zip Code:	
You may attach any written materials or complaint. Signature and date is required:	other information that you think is relevant to your	
Signature	 Date	
If you completed Questions 3, 4 and 5, y	your signature and date is required	
Signature	 Date	