

**Heartland Services
COMPLAINT FORM**

DOCUMENTATION OF COMPLAINT		
<i>Pursuant to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination Act of 1975.</i>		
NAME (of person making the complaint)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
<u>DESCRIPTION OF THE COMPLAINT:</u> (describe what happened and who you believe was responsible)		
<u>APPARENT BASIS OF THE DESCRIBED SITUATION:</u> (select all that apply and explain)		
<input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Sex		
DATE DESCRIBED SITUATION OCCURRED:		
ORGANIZATION INVOLVED IN THE COMPLAINT:		
	ADDRESS	
	TELEPHONE (business)	
PERSON INVOLVED (if other than complainant)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS? IF SO, EXPLAIN AND PROVIDE CURRENT STATUS OF SUCH:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature	Date	
* Attach any written materials or other information relevant to the complaint		