

**CCCT Title VI complaint Form**

CCCT is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1984, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (610) 435-4052. The completed form must be returned to LANTA, Office of Civil Rights, Title VI Coordinator, 1060 Lehigh Street, Allentown, PA 18103.

Your Name:	Phone:
Street Address:	Alternate Phone:
	City, State & Zip Code
Person(s) discriminated against (if someone other than complainant): Name(s):	
Street Address, City & Zip Code:	

Circle one of the following that best describes the reason the alleged discrimination took place?

- Race
- Color
- National Origin (Limited English Proficiency)

Date of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. Provide the names and title of all CCCT employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: City, State & Zip Code: \_\_\_\_\_

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Complainant

Date Received by CCCT: \_\_\_\_\_

Received by: \_\_\_\_\_