



CIVIL RIGHTS COMPLAINT FORM

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 on the basis of race, color, religion, national origin, sex, disability or age by CAPSC may file a complaint by completing, signing, and completing this Complaint Form.

Please mail your completed form to:
Human Resources Department
CAPSC, Administrative Office
577 Central Ave., Ste, 10
Dover, NH 03820

Note: Apart from the form, on separate pages, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence.

Important: *We cannot accept your complaint without a signature, so please sign on the last page of the form.*

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify): _____

I believe that CAPSC has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify) _____

Section II - Please complete the following information:

Name: _____
Street Address: _____
City: State: _____
Zip Code: _____
Telephone Numbers:
 Home: _____
 Cell: _____
E-Mail Address: _____

Section III

Are you filing this complaint on your own behalf?

_____ Yes
_____ No

[If you answered "yes" to this question, go to Section IV.]

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 IV

Have you previously filed a civil rights complaint with CAPSC?

_____ Yes
_____ No

If yes, when: _____

What was the result of the investigation of your complaint? _____

Please attach a copy of any response you received to your previous complaint.

Complainant Signature: _____

Date: _____

Note: We cannot accept your complaint without a signature.