

# Title VI Complaint Form

## Life Unlimited, Inc.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Life Unlimited Director of Community Services at 816-718-4547. The complete form must be returned to Life Unlimited, Director of Community Services, 320 Amour Road, North Kansas City Missouri 64116.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Which best describes the reason for the alleged discrimination? (Circle one)

\*Race

\*Color

\*National Origin (Limited English Proficiency)

Date of incident \_\_\_\_\_

Please describe the alleged discriminating incident. Provide the names and title of the employee's involved, if available. Explain what happened and who you believe was responsible. Please use the back side of this form if necessary.

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