

United Methodist Children's Homes of MS Civil Rights Complaint Form

Complainant Information			
Name		Phone	
Address		Email	
		Other Contact Info	

- | | | |
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| | | Other contact info |
| 1. Specific location and name of agency delivering the service or benefit: | | |

- 2. Nature of the incident or action that led the complainant to feel discriminated** **please provide any supporting documentation with this form.*

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- 3. What protected base (prohibited basis or protected class) the complainant feels discriminated against:**

☐ race ☐ color ☐ national origin ☐ sex (including gender identity and sexual orientation)
☐ age ☐ disability

- 4. Names, phone numbers, titles, addresses of persons who may have knowledge of the discriminatory action**

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- 5. The date(s) which the alleged discriminatory actions occurred or duration of such actions**

OFFICE USE ONLY

Check if this complaint was made ☐ verbally or in person ☐

Person Receiving the Complaint	Date Received
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This institution is an equal opportunity provider.