

## Appendix C

### Kennebec Valley Community Action Program External Discrimination Complaint Form

(Title VI/Nondiscrimination and ADA/Section 504 Complaints)

<b>Name</b>	<b>Phone</b>	<b>Name of Person(s) That Discriminated Against You</b>
<b>Address</b>		<b>Location and Position of Person (If Known)</b>
<b>City, State, Zip</b>		<b>City, State, Zip</b>
<b>Agency involved</b>		<b>Date of Alleged Incident</b>
<b>Discrimination Because of:</b> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability		<b>What Remedy are you requesting?</b>
<b>Explain As Briefly And Clearly As Possible What Happened And How You Were Discriminated Against. Indicate Who Was Involved. Be Sure To Include How Other Persons Were Treated Differently Than You. Also Attach Any Written Material Pertaining To Your Case.</b>		
<b>Signature</b>		<b>Date</b>

**Please Mail Complaint to:**

Kennebec Valley Community Action Program  
101 Water St, Waterville ME 04901  
www.kvcap.org  
1-800-542-8227