

DISCRIMINATION COMPLAINT FORM
Title VI
for
Town of Scarborough

Title VI of the 1964 Civil Right Act requires that "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination on any program or activity receiving federal financial assistance."

Submission Options: You may submit this form in person at the address below, by mail to the address below or you may scan this completed form along with all supporting materials and e-mail to the individual stated below. This form is also available online at: www.scarboroughmaine.org/departments/purchasing. Hard copy forms and instructions can also be mailed upon request. Members of the public can also access complaint forms and instructions at Scarborough Town Hall, 259 US Route 1, Scarborough, ME 04070.

In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Assistant Town Manager. Under these circumstances, the complainant will be interviewed, and the Title VI Coordinator will assist the complainant in converting the verbal allegations into writing.

1. Complainant's Name: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
3. Telephone Number: _____
4. E-mail Address: _____
5. Person discriminated against (if someone different than Complainant):
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
6. What date did the alleged discrimination take place: _____
7. Which describes the reason you believe the discrimination was based on:
() Race () Color () National Origin
8. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and the contact information of the person(s) who discriminated against you (if known) as well

as the names and contact information of any witnesses. If more space is needed, attach an additional sheet to this form

9. Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? ☐ Yes ☐ No

If yes, check all that apply and provide agency or court name:

☐ Federal Agency: _____ ☐ Federal Court: _____

☐ State Agency: _____ ☐ State Court: _____

☐ Local Agency: _____

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

E-mail Address: _____

You may attach any written material or other information that you think is relevant to your complaint.

Signature and date required below:

Signed: _____ Date: _____

To find out more about Scarborough's non-discrimination procedures or to file a complaint, please call (207)730-4025 Members of the public who believe they have been the subject of discrimination can file a written and signed complaint up to 180 days from the date of the alleged discrimination.

Submit the completed form along with all supporting materials in person or by mail to the address below:

Town of Scarborough
ATTN: Liam Gallagher
259 US Route 1
Scarborough, ME 04074
lgallagher@scarboroughmaine.org