



St. Joseph's Center
Non-discrimination ADA and Title VI Complaint Form

Saint Joseph's Center assures full compliance with American with Disabilities Act (ADA) and Title VI of the Civil Rights Act of 1964, as amended and its related statutes. No person is excluded from participation in, denied the benefits of its services, or otherwise subjected to discrimination on the grounds of disability, race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that he or she has been unlawfully discriminated against may file a formal complaint with Saint Joseph's Center within 180 days following the date of the alleged incident.

Section I: Background
The purpose of this form is to assist you in filing a discrimination complaint with St. Joseph's Center. For help filling out the form, you may call the telephone number listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. You may also send a complaint by e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.
Section II: Filing Deadlines
A discrimination complaint must be filed <i>not later than 180 days</i> of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by St. Joseph's Center. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by email will be considered filed on the day the complaint is emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if: <ol style="list-style-type: none">1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;2. You were seriously ill or incapacitated;3. The same complaint was filed with another federal, state, or local agency and that agency failed to act on your complaint.
Section III: Demographic Information
First Name: _____ Middle Initial: _____ Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Telephone Number starting with area code: _____
Alternate Telephone Number starting with area code: _____
E-mail address (optional): _____
Best Time of the Day to Reach You: _____
Best Way to Reach You (check one): Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other <input type="checkbox"/> : _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes No

If yes, please provide the following information about your representative:

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number starting with area code: _____

E-mail address (optional): _____

Section IV: Complainant Relationship

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section V.

If not, please supply the name and relationship of the person for who you are filing this complaint:

Name: _____

Relationship to party:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party or are the guardian of the party if you are filing on behalf of a third party? Yes* No

Section V: Complaint Details

I believe that the discrimination I experienced was based on (check all that apply):

Disability: Race*: Color*: National Origin*: Other:

(*Title VI of the Civil Rights Act of 1964)

When did the discrimination occur? Date:

If the discrimination occurred more than once, please provide the other dates:

Where did the discrimination occur?

Who do you believe discriminated against you?

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program (if known/if applicable):

Explain as clearly as possible what happened and why you believe you were discriminate against. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

Section VI: Previous Complaints

Have you filed a complaint with our agency? Yes No

Section VII: File Complaint with Other Agencies

Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? Yes No

If yes, with what agency or court did you file?

When did you file:

Month

Day

Year

Section VIII: Remedies

Remedies: How would you like to see this complaint resolved?

Signature: _____ Date: _____

Mail Completed Form To:

Compliance Officer, Administrative Office
Saint Joseph's Center
2010 Adams Avenue
Scranton, PA 18509