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Title VI Policy

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Capitol Hill Village is committed to ensuring that no person is excluded from participation in, or denied the benefits of its services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you need further information or feel you are being denied participation in or being denied benefits provided by Capitol Hill Village, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, please contact: Executive Director Molly Singer, 725 8th St SE, Washington DC 20003. Or contact the president of the Board of directors, Phil Guire at president@capitolhillvillage.org.



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TITLE VI COMPLAINT FORM (2 pp)

Instructions: Please complete this form and sign. Please make sure all answers are legible. Send the form to the executive director at msinger@capitolhillvillage.org or to the president of the board at: president@capitolhillvillage.org. Or the document can be mailed to: Executive Director or President of the Board, Capitol Hill Village, 725 8th St SE, Washington DC 20003.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____				
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 contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		



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If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:
