



Rockingham Nutrition Meals on Wheels

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.:

Please provide the following information necessary in order to process your complaint. Should you require any assistance in completing this form, please let us know. Please complete this form and mail or deliver to

Title VI Coordinator

RNMOW

106 North Road

Brentwood, NH 03833

You can reach our office from Monday through Friday from 8:00 am to 4:00 pm at 603-679-2201.

1. Name _____
2. Street Address _____
3. City, State, and Zip Code _____
4. Telephone number Home/Cell _____ Work, if applicable _____
5. Are you filing this complaint on your own behalf yes* no?
*If yes, please continue to question #7.

If no, please supply the name of the person for whom you are filing this complaint and your relationship to him/her:

Name of person for whom you are filing this: _____

Your relationship to the person: _____

6. Have you obtained permission to file on behalf of the complainant yes no

7. What was the alleged discrimination based on? Please check all that apply.

Race Color National Origin

8. Date of incident resulting in the alleged discrimination _____

