LIFE Geisinger Title VI complaint form

LIFE Geisinger will assure that no person shall be discriminated against, denied benefits, or excluded from participation in services on the grounds of race, color or national origin (Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d))

Any person believing they have been discriminated against based on disability should visit LifeGeisinger.org or go to one of the below to complete the Title VI complaint form:

LIFE Geisinger  
1100 Spruce St.  
Kulpmont, PA 17834  

LIFE Geisinger  
106 N. Derry Heights Blvd.  
Lewistown, PA 17044

You can mail this form to either address above or email it to: bcoolbaugh1@geisinger.edu.

Section I

Name:  
Email address: 

Address: 

Phone (home):  
Phone (work): 

Accessible format requirements? □ Large print  □ TDD  □ Audio tape  □ 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 you answered “no,” what are the name and relationship of the person for whom you are filing? ____________________________________________

Explain why you are filing for a third party: ____________________________________________

Confirm that you have 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):

☐ Race  ☐ Color  ☐ 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 you need more space, attach a separate sheet to 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?

☐ Yes  ☐ No

If yes, check all that apply:

☐ Federal agency:  ☐ Federal court:  ☐ State court:

☐ State agency:  ☐ Local agency:

Provide contact information for the agency/court where the complaint was filed.

Name: Title: ____________________________

Agency: ____________________________

Address: ____________________________

Phone: ____________________________

Section VI

Name of agency complaint is against:

Contact person: Title: ____________________________

Phone: ____________________________

You may attach any written materials or other information relevant to your complaint.

Be sure to sign and date below:

Signature: Date: ____________________________

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