

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 [Geisinger.org/LifeGeisinger](https://www.geisinger.org/LifeGeisinger) or one of the below to complete the Title VI complaint form:

LIFE Geisinger
Center Manager
1100 Spruce St..
Kulpmont, PA 17834

LIFE Geisinger
Center Manager
2 Lewis St.
Minersville, PA 17954

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

LIFE Geisinger
Center Manager
592 South Main St..
Wilkes-Barre, PA 18701

The completed form can also be mailed to any address listed above or emailed 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 an ADA 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: _____