

**GOODWILLHOMES COMMUNITY SERVICES**

**TITLE VI COMPLAINT FORM**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Infraction:** \_\_\_\_\_

**Complaint details** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location of the Incident:** \_\_\_\_\_

**Person(s) Involved:** \_\_\_\_\_

**Signature:** \_\_\_\_\_