You may use this form to file a complaint regarding a civil rights violation. Be specific and provide as much detail as possible. This will allow the Department to effectively process and evaluate your Complaint**. If you need assistance filing out this form**, contact the Department’s ADA/Civil Rights Coordinator whose contact information appears near the end of this form.

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| **With Respect to the Individual who alleges a civil rights violation.** |
| Name:  |  | Phone: |  |
| Address: |  |
|  | Street / PO City State Zip Code |
| Email Address: |  |
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| **With Respect to Person filing the Complaint if different than above\*** |
| Name: |  | Phone: |  |
| Address: |  |
|  | Street / PO City State Zip Code |
| Email Address: |  |
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|  |  |
| The preferred method of contact regarding this Complaint is (check one): |
|  [ ]  mail [ ]  phone [ ]  email |
|  |
| **Q #1. Please describe the alleged actions (e.g. date, time, place, activity, people involved) and why you believe the incident was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available** (attach additional pages, if necessary). |
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| **Q #2. What is the basis of the discrimination against you? (check all that apply)** |
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| [ ]  race[ ]  color[ ]  age[ ]  sex[ ]  gender | [ ]  sexual orientation[ ]  disability[ ]  religion[ ]  ancestry[ ]  national origin | [ ]  familial status[ ]  marital status[ ]  political beliefs[ ]  previous assertion of claim or right[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify) |

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| **Q. 3 Did you share your concerns with the Department staff involved or his/her supervisor? If so, what happened?** (attach additional pages if necessary) |
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| **Q 4. How would you like the Department to resolve your complaint so that you may participate in the program, service, or activity without discrimination? Please list any alternatives, and let us know which you prefer. Potential solutions could include changes to policies, practices, or procedures; removing architectural, communication, or transportation barriers; and providing auxiliary aids and services.** (attach additional pages if necessary) |
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| **Q 5. Have you filed a claim regarding this complaint with a federal agency? If so, with whom and when?** |
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| **Q 6. Have you instituted a legal suit or court action regarding this complaint? If so, when and in what court?** |
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| Please be advised that, in order to evaluate this Complaint , the Department may need to review your private/confidential information. If private/confidential’ information is provided to the Department, it will be maintained in a confidential manner. |
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| **Please sign and date this form:**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Please submit this form by mail or by email to:** | DHHS ADA/Civil Rights Coordinator11 State House StationAugusta, ME 04333-0011 ADA-CivilRights.DHHS@maine.gov |
|  |  |
| * If you are submitting this complaint on behalf of someone else and the matter involves private/confidential information, you MUST submit proof of your legal relationship or legal authority to access that person’s private/confidential information.

Examples of legal relationship or legal authority include, but are not limited to:1. Parent of a minor child;
2. Guardian;
3. Attorney-in-fact granted the power to act on the Individual’s behalf with respect to the Complaint;
4. Attorney of record;
5. Individual authorized to act on behalf of the individual in a writing approved by the Department; or
6. Person with verifiable legal authority to act on behalf of the Individual with respect to the Complaint.
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