

CCSI TITLE VI COMPLAINT FORM

Date Complaint Received: _____

Name of Complainant: _____

Phone Number of Complainant: _____

Address of Complainant (if given): _____

Email Address of Complainant (if given): _____

Date of Alleged Incident _____

Location of Alleged Incident _____

Name(s) of CCS Staff Involved _____

Summary of the Allegations/Nature of the Complaint: _____

Update of Complaint Status:

<u>Date</u>	<u>Status of the Complaint</u>	<u>Actions Taken, if any</u>