

The Arc of Chester County
Grievance Form

Section 1: Contact Information

Grievant Name: _____

Address: _____

Phone Number: _____

Email: _____

Section 2: Incident Information

Date of incident: _____ Time of Incident: _____

Location of Incident: _____

Is the grievance related to discrimination? If so, please indicate which type(s) of discrimination.

_____ Race *	_____ Age
_____ Color *	_____ Marital Status
_____ National Origin *	_____ Sexual Orientation
_____ Religion	_____ Disability **

* These categories are required under Title VI of the Civil Rights Act of 1964.

** This category is required under Americans with Disabilities Act.

Name(s) of People Involved: _____

Describe what happened:

CONTINUED ON THE BACK OF THIS PAGE

Is there any other information that you feel would be helpful for us to know?

Is there anyone we can contact for additional information?

Have you/the grievant previously filed a discrimination grievance against The Arc of Chester County?

Have you filed this grievance with any other agency? _____ If yes, please check all that apply:

_____ Federal Agency	_____ Federal Court
_____ State Agency	_____ State Court
_____ Local Agency	_____ Other: _____

Name of person completing the form if not the individual: _____

Relationship of the person completing the form if not the individual: _____

_____	_____
Signature of Individual Completing the Form	Date

_____	_____
Signature of Individual	Date

You may submit this form to the attention of your Program Director in person or by mail at The Arc of Chester County, 900 Lawrence Drive, West Chester, PA 19380.

Last Updated: June 2019