

SWCAP Title VI Complaint Form

Section I: Contact Information	
Name:	Email:
Address:	
Primary Phone:	Secondary Phone:
Accessible Format Needs: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other:	
Section II: Complainant or Third Party?	
Are you filing on your own behalf? <input type="checkbox"/> Yes (Skip to Section III) <input type="checkbox"/> No (Complete Section II)	
If "No," please supply the name and relationship of the person for whom you are filing this complaint:	
If "No," please explain why you have filed this complaint for a third party:	
If "No," please confirm you have permission of the aggrieved party to file on their behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III: Complaint Details	
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Nat'l Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability	Date of discrimination:
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of witnesses. If more space is needed, please attach additional sheets.	
Describe the relief or satisfaction you want:	
Section IV: Previous Complaints – SWCAP	
Have you previously filed a complaint with SWCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Section V: This Complaint – Filing With Other Agency or Court?		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court ? <input type="checkbox"/> Yes (Complete Section V) <input type="checkbox"/> No (Skip to Section VI)		
<i>Name of agency or court where filed:</i>	<i>Provide agency or court contact person or information, if known.</i>	
Federal Agency:		
Federal Court:		
State Court:		
State Agency:		
Local Agency:		
Section VI: This Complaint – Filing With Other Agency or Court?		
Name of agency or program you believe discriminated against you or the aggrieved party in this complaint:		
Contact person(s) and contact information at that agency or program, if known:		
Section VII: Sign and Date This Complaint		
Print Your Name:	Sign Your Name:	Date:

Please mail or deliver this completed and signed form to:

**Southwestern Wisconsin Community Action
Program Attn: Civil Rights Officer
149 N Iowa St, Dodgeville, WI 53533**

You may attach any written materials or other information you think is relevant to your complaint.

Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed only when it is necessary for the investigation of possible discrimination, for internal systems operations, or for other routine uses, which may include the disclosure of information outside of SWCAP for purposes associated with civil rights compliance and as permitted by law.

OFFICE USE ONLY – To be completed by the person at the agency who receives this complaint, investigates it and responds to the complainant.			
Date Received:	Received By:	Title:	Agency:
Actions and individuals to be investigated:			
Findings (Must be completed within 60 days of complaint receipt):			
Action Taken:			
Further Action Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what action is recommended (including referrals to other entities):			
Signature of SWCAP Investigator:		Printed Name of SWCAP Investigator:	

State and Federal Agency Complaint Contacts Provided on Reverse of This Page

SERVICE DELIVERY DISCRIMINATION COMPLAINT CONTACT INFORMATION FOR STATE AND FEDERAL AGENCIES

You have a right to file formal discrimination complaints about these services with the state agency listed below.

PROGRAM	STATE AGENCY
Wisconsin (WI) Works (W-2), Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Protective Services Programs, Emergency Assistance, Families and Economic Security, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, Refugee Assistance and Services, Youth Justice services and other programs administered by the WI Department of Children and Families., Refugee Cash and Medical Assistance)	WI Department of Children and Families ATTN: Equal Opportunity Specialist 201 E. Washington Ave, Second Floor PO Box 8916 Madison, WI 53708-8916 Voice: 608-422-6889 711, Wisconsin Relay Service Email: dcfcivilrights@wisconsin.gov
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare, TEFAP, SeniorCare, Family Care, Public Health Services, WIC (Women, Infants and Children), and other programs administered by the WI Department of Health Services.	WI Department of Health Services ATTN: Civil Rights Compliance 1 W. Wilson, Room 651 PO Box 7850 Madison, WI 53707-7850 608-267-4955 (Voice); 608-267-1434 (Fax) 711 or 1-800-947-3529 (TTY) Email: DHSCRC@dhs.wisconsin.gov
Workforce Investment and Opportunity Act, and other programs administered by the Wisconsin Department of Workforce Development.	WI Department of Workforce Development ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room E100 PO Box 7972 Madison, WI 53707-7972 Voice: 608-266-6889 Fax 608-261-8506; 711 or 1-(800)-947-3529 (TTY) Email: David2.Duran@dwd.wisconsin.gov

You also have the right to file a formal complaint with a Federal agency listed below.

PROGRAM	FEDERAL AGENCY
HHS program or activity	Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building, Washington D.C. 20201 800-368-1019 800-537-7697 (TDD) https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf (On-line complaint portal)
UDSA-FNS program or activity	U.S. Department of Agriculture, Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (866) 632-9992 800-877-8339 (Federal Relay Services); 866-377-8642 (Relay voice users); 800-845-6136 (Spanish) Cr-info@ascr.usda.gov
DOL program or activity	Civil Rights Center U.S. Department of Labor ATTENTION: Office of External Enforcement U.S. Department of Labor 200 Constitution Avenue, NW Room N-4123 Washington, DC 20210 (202) 693-6505, ATTN: Office of External Enforcement (Fax) CRCEXternalComplaints@dol.gov
Department of Transportation program or activity	Federal Transit Administration FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.