

Cincinnati Association for the Blind and Visually Impaired (CABVI)  
TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

FOR OFFICE USE ONLY: Location: \_\_\_\_\_ Dist. /Div.: \_\_\_\_\_

CABVI is committed to ensuring that no person will be denied the benefits of or be excluded from the participation in or be subjected to discrimination under any program, service, or activity administered by CABVI or its sub-recipients, consultants, or contractors on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Title VI/Nondiscrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

**Complainant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Telephone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Are you filing this complaint on your own behalf?** Yes \_\_\_ No \_\_\_ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party:

\_\_\_\_\_

\_\_\_\_\_

**Please indicate why you believe the alleged discrimination occurred:**

Race  Color  National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)

Gender/Sex  Age  Disability  Low-Income Status  Limited English Proficiency

**Date and place of alleged discriminatory actions.** Please include earliest date and most recent date of discrimination: \_\_\_\_\_

**Please describe the circumstances of the alleged discrimination.** Describe as clearly as possible what happened and why you believe you were discriminated against based on your protected status (e.g., race, color, national origin, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were there any witnesses to your alleged discrimination?** Yes \_\_\_ No \_\_\_ If yes, provide their name(s) and phone number(s): \_\_\_\_\_

**What remedy are you requesting?** Please be specific: \_\_\_\_\_

\_\_\_\_\_

**Have you filed, or intend to file a charge or complaint regarding the matters raised in this complaint with any other agencies or courts (federal, state, or local)?** Yes \_\_\_ No \_\_\_

If you have already filed a charge, or complaint please provide the following:

Agency/Court: \_\_\_\_\_ Date filed: \_\_\_\_\_

Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Status of case: \_\_\_\_\_ Attorney Phone Number: \_\_\_\_\_

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**Please provide any additional information that you believe is relevant to this complaint;  
attach additional documentation which supports your allegations if needed.**

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*[For transit-related complaints, individuals who believe they have been subjected to discrimination must attempt to resolve the issue at the lowest level possible. That is, if you believe you have been discriminated against by a local transit provider you must file an internal complaint first with the local provider. Complaint forms can be found in public areas of the transit provider and on the provider's website.]*

**Sign and date this form and send all documents to:**

Cincinnati Association for the Blind and Visually Impaired (CABVI)  
Human Resources Manager  
2045 Gilbert Avenue  
Cincinnati, Ohio 45202  
Phone: (513) 487-4535

**And send a copy to:**

Ohio Kentucky Indiana Regional Council of Governments  
Title VI Program Manager  
720 E Pete Rose Way, Suite 420  
Cincinnati, Ohio 45202  
Phone: (513) 621-6300

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note-we cannot accept an unsigned complaint form**