



Catholic Community Service
Discrimination Grievance/Complaint Form

Catholic Community Service's (CCS) philosophy is to treat everyone with dignity, care and compassion and to assure reasonable means are taken to meet the needs of those served by our services. CCS is required to comply with governing standards, rules, regulations and laws. It is CCS policy that all applicants, service recipients and stakeholders are treated equally and not excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity regardless of race, color, sex, sexual orientation, pregnancy or pregnancy-related conditions, age, religion, national origin, genetic information, status as a veteran, marital status, or disability. All persons file a grievance/complaint have the right to:

- File a grievance without interference or retaliation;
- Timely written notification of the resolution and an explanation of any further appeal, rights or recourse; and
- At least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review.

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice by CCS may file a complaint by completing and submitting the questions below to assist us in processing your complaint.

Should you require any assistance in completing this form or need information in alternate formats, please let us know and we will provide assistance.

Please mail or return this form to:

Catholic Community Service
ATTN: Compliance Officer
1803 Glacier Hwy., Juneau, AK 99801
Brigette.Guzy@ccsjuneau.org
907-463-6158

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| 1. Complainant's Name: | | |
| a. Address: | | |
| b. City: | State: | Zip Code: |
| c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code Telephone Number (Work) () () | | |
| d. E-mail Address: | | |
| Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other (please specify): | | |
| 3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7 <input type="checkbox"/> No If no, please go to question 4 | | |
| 4. If you answered NO to question 3 above, please provide your name and address. | | |
| a. Name of Person Filing Complaint: | | |
| b. Address: | | |
| c. City: | State: | Zip Code: |
| d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code Telephone Number (Work) () () | | |
| e. Electronic Mail Address: | | |
| Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. What is your relationship to the person for whom you are filing the complaint? | | |
| 6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission. | | |
| 7. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sex (includes pregnancy and childbirth) <input type="checkbox"/> Sexual orientation or gender identity | | |
| 8. Date of Alleged Complaint (Month, Day, Year): | | |
| 9. Where did the Complaint take place? | | |
| 10. Explain as clearly as possible what happened and all who were involved. If you feel you were discriminated against, please explain why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i> | | |
| 11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i> | | |

