CIGNO CDL TRAINING & SERVICES

TITLE VI DISCRIMINATION COMPLAINT FORM

All complaints must be submitted within one hundred eighty (180) calendar days of the alleged discriminatory act.

COMPLAINT INFORMATION	DETAILS
Date Complaint Submitted	
Complaint Number (Office Use Only)	
Date Received (Office Use Only)	

SECTION 1 – COMPLAINANT INFORMATION

INFORMATION	DETAILS
Full Name	
Street Address	
City, State, Zip Code	
Telephone Number	
Email Address	

SECTION 2 – PERSON ALLEGEDLY DISCRIMINATED AGAINST (If Different from Complainant)

INFORMATION	DETAILS
Full Name	
Street Address	
City, State, Zip Code	
Telephone Number	
Email Address	

SECTION 3 – BASIS OF COMPLAINT

Please check all that apply.

BASIS OF ALLEGED DISCRIMINATION	CHECK
Race	☐
Color	☐
National Origin	☐
Sex	☐
Age	☐
Disability	☐
Retaliation	☐

SECTION 4 – INCIDENT INFORMATION

INFORMATION	DETAILS
Date of Incident	
Time of Incident (if applicable)	
Location of Incident	
Name(s) of Person(s) Involved	
Witnesses (if any)	

SECTION 5 – DESCRIPTION OF COMPLAINT

Please describe the alleged discriminatory act in detail. Attach additional pages if necessary.

DESCRIPTION OF INCIDENT:

_____

_____

_____

_____

_____

_____

_____

SECTION 6 – PRIOR FILINGS

QUESTION	RESPONSE
Have you filed this complaint with another agency?	☐ Yes ☐ No
If Yes, Name of Agency	
Date Filed	
Agency Contact Information (if known)	

SECTION 7 – SUPPORTING DOCUMENTATION

Please identify any supporting documents submitted with this complaint.

DOCUMENTS PROVIDED:

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 8 – REQUESTED RESOLUTION

Please describe the action or remedy you are requesting.

REQUESTED RESOLUTION:

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 9 – CERTIFICATION

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

CERTIFICATION

Signature of Complainant _____

Date _____

SUBMISSION INFORMATION

Completed complaints may be submitted to:

Janice Bhullar

Title VI Program Coordinator

Cigno CDL Training & Services

635 Shepherd Drive

Cincinnati, Ohio 45215

Phone: (513) 951-9510

Email: hr@cignocdltraining.com