

**We Reach Inc**  
**Title VI Program Complaint Form**

We Reach Inc prohibits discrimination on the basis of race, color, gender/sex including pregnancy's gender identity, sexual orientation, age, marital status, religion, national or ethnic origin, veteran status, non-disqualifying disability, income status, or LEP as provided by Title VI of the Civil Rights Act of 1964 and related anti-discrimination statutory and regulatory authorities. Title VI Program complaints must be filed within 180 days from the date of the alleged discrimination. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Program Coordinator.

The signed and completed form must be sent to We Reach Inc either via email at [info@wereach.us](mailto:info@wereach.us) or by mail to We Reach Inc, 974 Bennington St, East Boston, MA 02128.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Which of the following best describes why the alleged discrimination took place?

Race      Color \_\_\_ \_ Income Status \_\_\_      Disability \_\_\_      Sex      Age \_\_\_ \_

National Origin \_\_\_      Limited English Proficiency \_\_\_ \_      Other \_\_\_\_\_

8. What date did the alleged discrimination take place?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. In your own words, describe the alleged discrimination. Explain what happened and what policy, program, activity or person you believe was discriminatory.

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10. Have you filed this complaint with any other federal, state, territory or local agency, or with any federal or state court? Yes \_\_\_ No \_\_\_

If yes, please provide information about a contact person at the agency/court where the complaint was filed.

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11. Please sign below. You may attach any written materials or other information relevant to your complaint.

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Complainant's Signature

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Date