

**COMMONWEALTH COUNCIL ON DEVELOPMENTAL DISABILITIES**

**COMPLAINT UNDER CIVIL RIGHTS ACT OF 1964**

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

TO: Commonwealth Council on Developmental Disabilities

I, \_\_\_\_\_, hereby file an official complaint against

\_\_\_\_\_  
Name of Person or Agency

located at: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Basis of complaint (include witnesses or other evidence): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date Signed

**Use back of sheet if necessary.**

