U.S. Environmental Protection Agency

Office of Civil Rights

External Compliance and Complaints Program

COMPLAINT FORM

The purpose of this form is to assist you in filing an administrative complaint with the Office of Civil Rights, External Compliance and Complaints program. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

Full Name: [redacted]

Address: [redacted]

Zip [redacted]

Daytime Telephone No.: Home [redacted]

Evening Telephone No.: [redacted]

Work Telephone No.: ( ) NA

Best Time to Call: any X

Email: [redacted]

2. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: [redacted]

Telephone No.: [redacted]

Best Time to Call: anytime

2012

3. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: NONE

Address: _____

_____ Zip _____

Telephone No.: (_____)_____

4.* Person(s) and/or Group(s) discriminated against, if different from above:

Name: [redacted]

Address: [redacted] Zip [redacted]

Telephone No.: Home:([redacted] Work:(_____)_____

Please explain your relationship to this person(s).

Son

5.* Business, Organization or Institution that discriminated:

Name: Department of Human Service head start & Preschool

Any individual if known [redacted]

Address: 6179 Annus Hope E

Christiansted USVI Zip 00850

Telephone No.: 340 773-1972 x 223

5B.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

☐ Race/Ethnicity: _____