

**DISCRIMINATION COMPLAINT AGAINST
CAPE GIRARDEAU COMMUNITY SHELTERED WORKSHOP, INC., D/B/A
VIP INDUSTRIES
TITLE VI AND RELATED STATUTES**

Contact Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Email: _____

Discrimination Complaint

Name of Staff Member that you believe discriminated against you: _____

Date of Alleged Incident: _____

You were discriminated because of:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin (Language) |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Age | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Familial Status | | |

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attaché any written material pertaining to your case:

Signature: _____ Date: _____

VIP Industries
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