

**RCPI TITLE VI COMPLAINT FORM**

Date Complaint Received: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Phone Number of Complainant: \_\_\_\_\_

Address of Complainant (if given): \_\_\_\_\_

\_\_\_\_\_

Email Address of Complainant (if given): \_\_\_\_\_

Date of Alleged Incident \_\_\_\_\_

Location of Alleged Incident \_\_\_\_\_

Name(s) of RCPI Staff Involved \_\_\_\_\_

Summary of the Allegations/Nature of the Complaint: \_\_\_\_\_

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

Update of Complaint Status:

<u>Date</u>	<u>Status of the Complaint</u>	<u>Actions Taken, if any</u>