

Section 1557 Discrimination Grievance Form

Mail to: Penobscot Community Health Care
Attn: Civil Rights Coordinator
PO Box 2100
Bangor ME 04402-2100

Email to: civilrights@pchc.com

Information about you (or the person you believe was discriminated against):

Name: _____

Street Address: _____

City: _____ State _____ ZIP _____

Telephone number(s) _____

Email address _____

Information regarding the person you believe discriminated against you (or the person you believe was discriminated against):

Name: _____

Address: _____

City: _____ State _____ ZIP: _____

Telephone number(s): _____

Brief Description of what happened, including how, why and when you believe yours (or someone else's) civil rights were violated:

Any other relevant information

Your signature and date of Complaint

Signature _____ Date: _____

Name of Person on Whose Behalf you are Filing (if you are filing a complaint for someone else):

Information you may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed