

CHEER, Inc. 546 S. Bedford St. Georgetown, DE 19947 302-515-3040

TITLE VI Complaint Form

Part 1: Complaintant Information	
Name:	Emails
	Email:
Best Phone:	Alt Phone:
Mailing Address:	
City:	State: Zip:
Part 2: Incident Information	
Please describe the incident you experienced or observe additional witnesses.	d (Attach additional sheets if needed) and identify any
Part 3: Additional Incident Information - Please ansv	ver questions below
Date of Incident:	
Where did the incident occur?	
Part 4: Desired Outcome	
Describe the resolution or outcome you are seeking:	
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By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 DEL. C Ch. 12A may be provided by checking a box as indicated, electronic initials or name or email confirmation.	
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Signature	Date