

Title VI/ADA Complaint Form

Section I:

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Email Address: _____

Accessible Format Requirement? Check any that apply: Large Print TDD Audio Tape
 Other: _____

Section II:

Are you filing this complaint on your behalf? Yes No

*If you answered "yes" to the above question, go to section III.

If you answered "no," please supply the name and relationship of the person for whom you are complaining: _____

Please explain why you have filed for a third party:

Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Disability

Date of alleged discrimination (month, day, year): _____

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use a separate paper.

Section IV

Have you previously filed a Title VI or ADA complain with this agency? Yes No

Section V

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes No

If yes, check all that apply: Federal agency _____ Federal court _____

State agency _____ Local agency _____

Please provide information about a contact person at the agency/court where the complaint was filed. Name: _____ Title: _____

Agency: _____ Address: _____ Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date