

## ADA and Title VI Complaint

Please check one of the following below:

ADA Complaint    or     Title VI Complaint

Part I.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Formats Needed:

- None                       TDD  
 Large Print               Audio Tape  
 Other

Part II.

Are you filing this complaint on your own behalf?

- Yes – Proceed to Part III  
 No – Please provide the name of and your relationship with this person:

Name of Individual: \_\_\_\_\_

Your Relationship: \_\_\_\_\_

Please explain why you have filed for a third party:

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Confirm:

- I have obtained permission of the aggrieved party to file this form on his or her behalf.
- I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

I believe the discrimination I experienced was based on:

- Race
- Color
- National Origin
- My Disability
- Other: \_\_\_\_\_

Date of the alleged discrimination: \_\_\_\_\_

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.

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Part IV.

Have you previously filed an ADA and/or Title VI complaint with this agency?

Yes

No

Part 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     State Court

Local Agency

Please provide the contact information for a person at the agency or court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Part VI.

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Filing Complaint

Date