Title VI/ADA Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Americans with Disabilities Act The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants’ Name ________________________________
2. Street Address _______________________________________
3. City, State and Zip Code ________________________________
4. Telephone Number (home) ____________________________
   business ___________________________________________
   Cell _______________________________________________
5. Person discriminated against (if someone other than the complainant)
   Name _______________________________________________
   Address _____________________________________________
   City, State and Zip Code ______________________________
6. Which of the following best describes the reason you believe the
   Discrimination took place? Was it because of your: (check reason)
   a. Race/Color _______________________________________
   b. National Origin ___________________________________
   c. Age _____________________________________________
   d. Disability _______________________________________
7. What date did the alleged discrimination take place and the location?
   Explain what happened and whom you believe was responsible. Please use the back of this form if additional
   space is required.
   __________________________________________________
   __________________________________________________
   __________________________________________________
8. 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
9. Please provide information about a contact person at the agency/court where
   The complaint was filed.
   Name _______________________________________________
   Address _____________________________________________
   City, State and Zip Code ______________________________
   Telephone Number ___________________________________

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

__________________________________________          _________________________
Complainant’s Signature                        Date