ADA and Title VI Complaint Form

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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_____
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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