

Title VI Complaint Form

Section 1:

Name: _____

Address: _____

Telephone (Home): _____ (Work): _____

Electronic Mail

Address: _____

Accessible Format Large Print _____

Audio Tape _____

Requirements? TDD _____

Other _____

Section II:

Are you filing this complaint on your own behalf? * Yes _____ No _____

If you answered "yes" to this question, go to Section III.

If not, 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 the 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

___ Age

___ Disability

___ Gender

Date of alleged Discrimination (Month, Day, Year): _____

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 the back of this form.

Section IV:

Have you previously filed a Title VI complaint 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 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

Please submit this form in person at the address below, or mail this form to:

Section 5310 grantee Title VI Coordinator

Senior and Family Services, Inc.

211 E. Main Street

Washington, IN 47501

