Title VI Complaint Form

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Older Adult and Transportation Supervisor.

Name__________________________________________________________
Address________________________________________City__________Zip__________
Phone: Home____ Work_______ Mobile______________________________
Email: __________________________________________________________

Basis of Complaint (circle all that apply):

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
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<tbody>
<tr>
<td>National Origin</td>
<td>Sex/Gender</td>
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<tr>
<td>Age</td>
<td>Disability</td>
</tr>
<tr>
<td>Retaliation</td>
<td>Other:</td>
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</tbody>
</table>

Who discriminated against you?

Name__________________________________________________________
Name of Organization_________________________________________
Address________________________________________City__________Zip__________
Telephone_______________________________________________

How were you discriminated against? (Attach additional pages if more space is needed)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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Where did the discrimination occur?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Dates and times discrimination occurred?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Were there any other witnesses to the discrimination?

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
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<tbody>
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How would you like to see this situation resolved?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Have you filed your complaint, grievance, or lawsuit with any other agency or court?
Who ____________________________ When ____________________________
Status (pending, resolved, etc.) ____________________ Result, if known ________________
Complaint number, if known ____________________________

Do you have an attorney in this matter?
Name_____________________________ Phone________________________
Address__________________________ City__________ Zip__________
Signed___________________________ Date________________________