## **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	M	obile
Email:			
Basis of Complaint (c	circle all that apply):		
Race	Color		
National Origin	Sex/Gender		
Age	Disability		
Retaliation	Other:		
Who discriminated as	gainst you?		
Name			
Name of Organization	n		
Address		City	Zip
Telephone			
How were you discrin	ninated against? (Attac	h additional pag	es if more space is needed

Where did the discrim	nination occur?		
Dates and times discr	imination occurred?		
Were there any other	witnesses to the discriminatio	n?	
Name	Organization/Title	Work Telephone	Home Telephone
How would you like to	o see this situation resolved?		
	omplaint, grievance, or lawsu	,	•
	ved, etc.)		
• •	known		
Do you have an attorn	ney in this matter?		
Name		Phone	
Address		_City	
Signed		Date	