Title VI/ADA Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant's information:
Name:__________________________________________________________
Address:______________________________________________________
City/State/Zip Code:____________________________________________
Telephone Number (Home):_____________________________________
Telephone Number (Work):_____________________________________
Email Address:_________________________________________________

Accessible Format Requirements? Circle all that apply
Large Print
TDD
Audio Tape
Other

Person discriminated against (if someone other than complainant):
Name:__________________________________________________________
Address:______________________________________________________
City/State/Zip Code:____________________________________________
Telephone Number (Home):_____________________________________
Telephone Number (Work):_____________________________________
Email Address:_________________________________________________
Relationship to 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

Which of the following best describes the reason you believe the discrimination took place? Please Circle.

- Race
- Color
- National Origin
- Disability
- Other:

On what date(s) did the alleged discrimination take place?

Date:

Date:

Date:

Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. 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 additional space is needed, add a sheet of paper.
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Circle all that apply.

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: ________________________________________________________________

Address: __________________________________________________________________________

City/State/Zip Code: __________________________________________________________________

Telephone Number (Home): ______________________________________________________________________

Telephone Number (Work): ______________________________________________________________________

Email Address: ______________________________________________________________________________

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

Signature: ________________________________________________________________________________

Date: _____________________________________________________________________________________

Attachments:

Yes

No

Submit form and any additional information to:

Title VI Manager (Mrs. Marilyn Branch- Mitchell) for Senior Connections

24 East Cary Street, Richmond VA 23219 or email at mmitchell@youraaa.org.