

## 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  
State Court

Federal Court  
Local Agency

State 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](mailto:mmitchell@youraaa.org).