



CIVIL RIGHTS COMPLAINT FORM
(Title VI and ADA/§504 Complaints)

Section I:

Name:

Address:

Telephone (Home): _____ Telephone (Work): _____

E-Mail Address: _____

Accessible Format Requirements:	Large Print		Audio Tape	
	IDD		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:

Title VI Complaint ADA/§504 Complaint

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Disability Other _____

Date and time 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 attach additional page(s) to this form.
