



ADA/Title VI Discrimination Complaint Form

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

Complainant's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

Person discriminated against (someone other than complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Phone Number: _____

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

- | | | |
|-------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Disability | <input type="checkbox"/> | <input type="checkbox"/> |

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

Where did the alleged discrimination take place? _____

What is the name and title of the person(s) who you believe discriminated against you (if known)?

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper).

