

## Title VI ADA Complaint Form

**Title VI** of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

**Americans with Disabilities Act** The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

*Note: The following information is necessary to assist us in processing your complaint.  
Should you require any assistance in completing this form, please let us know.*

### SECTION 1

Complainants' Name:

Street Address:

*Number*

*Street*

*City*

*State*

*Zip*

Phone Number:

*Home:*

*Business:*

*Cell:*

Email Address:

Do you require any of the following types of communication?

Large Print

Audio Tape

TDD

Other:

### SECTION 2

Are you filing this form on your own behalf?

Yes

No

If "Yes" jump to **SECTION 3**

If "No" finish **SECTION 2**

#### Person discriminated against (if someone other than the complainant)

Name:

Address:

*Number*

*Street*

*City*

*State*

*Zip*

Relationship:

Explain why you are filing for a third party.

Have you obtained the permission of the aggrieved party to file on their behalf?

Yes

No

