

Title VI Complaint Form
Senior Services of Southeastern Virginia
Title VI Complaint Form

Section 1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Telephone No.: (_____) _____ - _____

Work Telephone No.: (_____) _____ - _____

Accessible Format Requirements? Large Print TDD

Audio Tape Other _____

Section 2

Are you filing this complaint on your own behalf? _____ Yes _____ No

If you answer "yes" to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____

Relationship: _____

Please explain why you are filing for this person:

Please confirm that you have obtained the permission of the aggrieved person if you are filing on their behalf.

_____ Yes _____ No

Section 3

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

Race National Origin Color

Other _____

Date of Alleged Incident: _____

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 an additional sheet of paper.

Section 4

Have you previously filed a Title VI complaint with Senior Services of Southeastern Virginia?

_____ Yes _____ No

Section 5

Have you filed a complaint with any other Federal, State, or local agency or with any Federal or State court?

_____ Yes _____ No

If yes, check all that apply:

_____ Federal agency _____ Federal court

_____ State agency _____ State court

_____ Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Work Telephone No.: (_____) _____ - _____

Section 6

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

Signature and date required below.

Signature

Date

Please mail this form to:

Title VI Coordinator

Senior Services of Southeastern Virginia

6350 Center Dr. Building 5, Suite 101

Norfolk, Virginia 23502-4107

757-222-4527