



Department of
Disability & Aging

**DOCUMENTATION OF COMPLAINT [60.1.1.a]
Pursuant to Title VI of the Civil Rights Act of 1964**

NAME of person alleged to have experienced discrimination		
NAME of person filing form- if different than name above		
CONTACT INFORMATION	MAILING ADDRESS	
	EMAIL ADDRESS	
	TELEPHONE	
<u>DESCRIPTION OF COMPLAINT:</u> (what occurred which you allege violated Title VI) *attach more pages if needed		
<u>APPARENT BASIS OF THE DESCRIBED SITUATION:</u> (select all that apply and explain)		
<input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> national origin <input type="checkbox"/> Other [please explain] _____		
DATE(S) DESCRIBED SITUATION OCCURRED:		
NAME OF ORGANIZATION INVOLVED:		
	ADDRESS	
	TELEPHONE (business)	
PERSON INVOLVED (if other than complainant)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS? IF SO, EXPLAIN AND PROVIDE CURRENT STATUS OF SUCH: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature		Date
* attach any written materials or other information relevant to the complaint		