

Title VI Complaint Form



TITLE VI/ Language Access COMPLAINT FORM

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other: _____
Section II:			
Are you filing this complaint on your own behalf?			Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship to the person for whom you are complaining:			
Please explain why you have filed for a third party			
Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Language Access			
Date 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 names and contact information of any witnesses. If more space is needed, please use the back of this form.			
Section IV:			
Have you previously filed a Title VI complaint with this agency?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Section V:			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, check all that apply:			

<input type="checkbox"/> Federal Agency: _____		<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____		<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____			
Address:			Telephone:
Section VI:			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone Number:			

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 submit this form in person at the address below, or mail this form to:

**Diakon Senior Living of Hagerstown
Title VI Coordinator
1109 Luther Drive
Hagerstown, MD 21740**