



**Title VI/ADA Complaint Intake Form**

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of person filling out this form if other than the complainant:

\_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Type of Complaint: (check appropriate category): ADA \_\_\_\_\_ TITLE VI DISCRIMINATION: \_\_\_\_\_

Date/Time/Location of Incident: \_\_\_\_\_

Name or description of individual the complaint is against: \_\_\_\_\_

Brief description of the complaint: \_\_\_\_\_

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Use an additional page if necessary