**Friends of Elder Citizens, Inc.**

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| **Transportation Programs Title VI Civil Rights Written Complaint Form** Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin may file a written complaint. ***Section I – Basic Information***   |

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Numbers: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Electronic Mail Address (email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accessible Format Requirements? Large Print \_\_\_\_\_\_\_ Audio tape \_\_\_\_\_TDD \_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 GCRPC Office Use only: Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Complaint# Assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Cualquier persona que cree que él o ella, individualmente o como miembro de cualquier clase específica de personas, ha sido sometida a discriminación basada en raza, color o nacionalidad puede presentar una queja por escrito.** ***Sección I – información básica*** Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domicilia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfonos: (Inicio) \_\_\_\_\_\_\_\_\_\_\_ (trabajo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección de correo electrónico (email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ¿Requisitos de formato accesible? Gran impresión \_\_\_\_\_\_\_ TDD\_\_\_\_ de cinta\_\_\_\_\_\_\_\_ de Audio\_\_\_\_\_\_\_ Otra\_\_\_\_\_\_  |

GCRPC Office Use only: Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Complaint# Assigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_