

Discrimination ADA / Title VI Complaint Form

Section I:		
This form may be used to file a complaint of discrimination based on race, color, national origin, or disability under Title VI, the ADA, and Section 504		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	☐ Large Print	☐ Audio Tape
	☐ TDD	☐ Other
Section II:		
Are you filing this complaint on your own behalf?	☐ Yes*	☐ No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	☐ Yes	☐ No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
☐ Race	☐ Color	☐ National Origin ☐ Disability
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 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 use the back of this form.		
Section IV:		
Have you previously filed a Title VI complaint with this agency?	☐ Yes	☐ No

If yes, please provide any reference information regarding your previous complaint.	
Section V:	
Have you filed this 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: _____	
Telephone: _____	
Section VI:	
Name of agency complaint is against: _____	
Name of person complaint is against: _____	
Title: _____	
Location: _____	
Telephone Number (if available): _____	

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

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

Angel Salas, Title VI Coordinator
Crossroads Mission
944 S Arizona Avenue
Yuma, AZ 85364
928-328-8614

13 American with Disabilities Act & Title VI Implementation Plan

A copy of this form can be found online at www.crossroadsmission.org