Friends of Adult Day Health Care Centers

Title VI Complaint Form

Section I *Please write legibly*
1.Name:
2. Address:
3. Telephone: 3.a. Cell Phone (*Optional)*
4. Email Address:
5. Accessible Format [ ] Large Print [ ] Audio Tape Requirements? [ ] TDD [ ] Other
Section II:
6. Are you filing this complaint on your own behalf? Yes No
***If you answered "yes" to #6, go to Section III.**
7. If you answered "No" to #6, what is the name of the person for whom you are filing this complaint? Name:
8. What is your relationship with this individual:
9. Please explain why you have filed for a third party:
10.Please confirm that you have obtained permission of The aggrieved party to file on their behalf. Yes Mp
Section III:
11. I believe the discrimination I experienced was based on (*check all that apply):* [ ] Race [ ] Color [ ] National Origin
12. Date of alleged discrimination: (*mm/dd/yyyy)*
13. 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, pease use the back of this form.

Section IV:
14. Have you previously filed a Title VI complaint With the Friends of Adult Day Health Care? Yes No
Section V:
15. 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_____ [ ] State Agency_____ [ ] Federal Court _____ [ ] Local Agency_____ [ ] State Court _____
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone: Email:
Section VI:
Name of Transit provider complaint is against:
Contact Person:
Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature_____ Date_____

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

Title VI Program Administrator
12250 Crosthwaite Circle
Poway, CA 92064