## DISCRIMINATION COMPLAINT FORM TITLE VI AND ADA

Section I:		N. H. William	177.1		
Name:					
Address:					
Telephone (Home):	Telephone (Work):				
Electronic Mail Address:		11			
Accessible Format Requirements?	☐ Large Print		☐ Audio Tape		
	□ TDD		□ Other		
Section II:				A STATE OF THE STA	
Are you filing this complaint on your own b	ehalf?	nalf?  Yes*		□ No	
*If you answered "yes" to this question, go to <b>Section III</b> .					
If not, please supply the name and					
relationship of the person for whom you					
are complaining.					
Diagon and his substance have filed for a thin	1				
Please explain why you have filed for a third party:					
Please confirm that you have obtained the p the aggrieved party if you are filing on beha			Lar	□ Na	
party.	lf of a third ☐ Yes ☐ No				
Section III:	Salavi Salavi	D. W. Breez	J-TUR	V 1841 7 G 1841 18 18	
I believe the discrimination I experienced was based on (check all that apply):					
Theneve the discrimination resperienced was based on (check an that apply).					
☐ Race ☐ Color ☐ Nationa	tional Origin 🔲 Disability				
	Trace E color E Nacional Origin E 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 Discrimination Complain with this agency?	nt 🗆 Yes	□ No			
If yes, please provide any reference information rega	arding your previous	complaint.			
9					
Section V:					
Have you filed this complaint with any other Federal	l, State, or local agen	cy, or with any			
Federal or State court?					
☐ Yes ☐ No					
If yes, check all that apply:					
☐ Federal Agenc <u>y:</u>	9)	2			
☐ Federal Court: ☐ State	☐ State Agency:				
☐ State Court: ☐ Loca	□ Local Agency:				
Please provide information about a contact person a	it the agency/court v	vhere 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 complaint. Your signature and date are <b>required</b> below:	•	k is relevant to you			
Signature	Date	2			
Please submit this form in person at the address belo	ow, or mail this form	to:			
LAGRANGE COUNTY COUNCIL ON AGING & LAGRANGE (	COUNTY AREA TRANS	IT			
EXECUTIVE DIRECTOR/CHERI PERKINS					
410 E CENTRAL AVENUE (PHYSICAL) OR PO BOX 107 (MAILING) LAGRANGE, IN 46761					
260-463-4161					
cperkins@Lagrangecoa.org					

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