## **Area 1 Agency on Aging Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Note: The following information is necessary to assist us in processing your complaint. **Should you require any assistance in completing this form or need a different format, please let us know.** You are not required to give your name or contact information. However, if you do not, we will be unable to inform you of the results of any investigation.

1.	Complainants' Name	
2.	Street Address	
3.	City, State and Zip Code	
4.	Telephone number (Home)	Business
	Cell	
5.	Person discriminated against (if someone other than the complainant) Name	
	Address	
	City, State and Zip Code	
6.	If you are filing on behalf of someone else, did that person give you permission to file for them:YesNo	
7.	Which of the following best describes the reason you believe the discrimination was it because of your: (check reason)	
	Race/Color National Origin	
8.	What date did the alleged discrimination take place a	and the location?
9.	Explain what happened and who you believe was responsible. Please use additional pages if more space is required.	
10.	If you have filed this complaint with any agency or co Federal Agency Federal Court State Court Local Agency	ourt, please check all that apply: State Agency

11.	Please provide information about a contact person at the agency/court where the complaint was filed.
	Name
	Address
	City, State and Zip Code
	Telephone Number
	e sign below. You may attach any written materials or other information that you think is nt to your complaint.

Complainant's Signature

Date

If filing by mail or in person, please use this address: Area 1 Agency on Aging Attn: Executive Director 434 7<sup>th</sup> Street Eureka, CA 95501