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: ____Yes   ____No
7. Which of the following best describes the reason you believe the discrimination took place?
   Was it because of your: (check reason)
   Race/Color____
   National Origin____
8. What date did the alleged discrimination take place 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 court, please check all that apply:
    Federal Agency____    Federal Court____    State Agency____
    State Court____    Local 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

Please sign below. You may attach any written materials or other information that you think is relevant 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 7th Street
Eureka, CA 95501