Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):			**Telephone (Work):**		
Email Address:					
Accessible Format Requirements?	Large Print		Audio Tape		
	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?		Yes*		No	
*If you answered "yes" to this question, go to Section III.					
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		
Date of Alleged Discrimination (Month Day, Year) _____					
Explain as clearly as possible what happened and why you believe you were intentionally 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	
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:
Contact person:
Title:
Telephone number:

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

Signature and date required below

_____ _____

Signature Date

If information is needed in another language, contact 1-800-272-7442 - 839431.

Please submit this form to:

ABCAP Mobility Management
Title VI Coordinator
406 W. Plum St., Georgetown, OH 45121
937-378-6041 or 800-553-7393
TitleVICoordinator@abcap.net