

# Title VI & ADA Complaint Form

## \*\*\*\*\*Ego o wplk{ 'Qr r qt wplk}gu

Ego o wplk{ 'Qr r qt wplk}gu is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI/Civil Rights Coordinator/CEO by calling (858)684-98; 7. The completed form must be returned to: Community Opportunities Title VI/Civil Rights Coordinator/CEO, P.O. Box 420, Troy, Missouri 63379.

<b>Name:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Alternate Phone Number:</b>
<b>Name of person(s) discriminated against (<u>if someone other than complainant</u>):</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Alternate Phone Number:</b>

**Please check the reason(s) for which you believe you were discriminated:**

- Race
- Color
- National Origin (Limited English Proficiency)





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Have you filed a complaint with any other federal, state or local agency/ agencies/ court(s)?

Yes

No

If so, please list the agencies in which you filed a complaint and provide their contact information:

<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>
<b>Agency:</b>
<b>Contact Person:</b>
<b>Street Address, City, State and Zip:</b>
<b>Phone Number &amp; Email Address:</b>

*I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.*

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**Complainant's Signature**

**Date**

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**Print Name of Complainant**

**Date**