Title VI Complaint Form
Senior Services of Southeastern Virginia

Title VI Complaint Form

Section 1

Name: ____________________________________________________________

Address: _________________________________________________________

City: ___________________________ State: __________ Zip Code: ________

E-Mail Address: __________________________________________________

Home Telephone No.: (_____) _______ - ____________

Work Telephone No.: (_____) _______ - ____________

Accessible Format Requirements? [ ] Large Print [ ] TDD

[ ] Audio Tape [ ] Other ________________________________

Section 2

Are you filing this complaint on your own behalf? _____ Yes _____ No

If you answer “yes” to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: __________________________________________________________
Relationship: ________________________________________________________________

Please explain why you are filing for this person:

__________________________________________________________________________

__________________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved person if you are filing on their behalf.

_____ Yes    _____ No

Section 3

I believe the discrimination I experienced was based on (check all that apply):

[  ] Race      [  ] National Origin      [  ] Color

[  ] Other ________________________________________________________________

Date of Alleged Incident: _________________________________________________

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 attach an additional sheet of paper.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Have you previously filed a Title VI complaint with Senior Services of Southeastern Virginia?

_____ Yes  _____ No

Section 5

Have you filed a 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: ________________________________________
City: ___________________________ State: ___________ Zip Code: ________

E-Mail Address: _______________________________________________________

Work Telephone No.: (_______) ___________ - ________________

Section 6

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

Signature and date required below.

_________________________________________  ___________________________
Signature                                      Date

Please mail this form to:

Title VI Coordinator

Senior Services of Southeastern Virginia

6350 Center Dr. Building 5, Suite 101

Norfolk, Virginia 23502-4107

757-222-4527