

# 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."

If you believe you have been discriminated against by Senior Services of Southeastern Virginia you may file a signed, written complaint within 180 days of the date of alleged discrimination. You may use the form below, which includes the necessary information to process your claim. When completed, please return this form to the Senior Services of Southeastern Virginia, Human Resources Manager, 6350 Center Drive, Bldg. 5, #101, Norfolk, VA 23502.

## SECTION 1: BASIC INFORMATION

### COMPLAINANT'S INFORMATION

**A**

Name:

Address:

City/State/Zip:

Telephone Number:

### VICTIM'S INFORMATION (if other than above)

**B**

Name:

Address:

City/State/Zip:

Telephone Number:

**C**

Date of alleged discrimination:

**D**

Do you believe that the reason for the alleged discrimination:

Race/Color

National Origin

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

No

Yes

If yes, mark all appropriate boxes:

State agency

Local agency

Federal agency

Federal court

State court

**E**

Contact information for the agency/court where the complaint was filed:

Name:

Address:

Telephone Number:

City/State/Zip:

