
ADA/Title VI Complaint Form

Background

This form is used for both Title VI and Americans with Disabilities Act (ADA) complaints.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Crawford County Council on Aging, Inc. is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator at 419-562-3050. **Once completed, return a signed and dated copy to:**

**Cassie Herschler, Executive Director
Crawford County Council on Aging, Inc.**

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 419-562-3050.

Please check one of the following below:

ADA Complaint or **Title VI Complaint**

Part I.

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Additional Formats Needed:

- None
- TDD
- Large Print
- Audio Tape
- Other

Part II.

Are you filing this complaint on your own behalf?

- Yes – Proceed to Part III
- No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

- I have obtained permission of the aggrieved party to file this form on his or her behalf.
- I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

I believe the discrimination I experienced was based on:

- Race
- Color
- National Origin
- My Disability

Other: _____