



FRANKLIN COUNTY OFFICE OF AGING
295 TECHNOLOGY DRIVE
ROCKY MOUNT, VA 24151
540-483-9238

Title VI and ADA Complaint Form

Section 1:		
Name:		
Address:		
Home Phone:		Work Phone:
Email Address:		
Accessible Format Requirements?	Large Print/TDD	Audio Tape/ 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.		Name:
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)	<input type="checkbox"/> Race	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Color	
Date of Alleged Discrimination:	____ Month ____ Day ____ Year	
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, Local Agency or with any Federal or State Court?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, list all that apply: Federal Agency: _____ Federal Court: _____ State Court: _____ State Agency: _____ Local Agency: _____
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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

Please submit this form in person to the address below or mail this form to:

Franklin County Office of Aging

Title VI Compliance Officer

295 Technology Drive Rocky Mount, VA 24151