



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)	__Race __Color	__National Origin
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?	_____Yes _____NO	If yes, list all that apply: Federal Agency: _____ Federal Court: _____ State Court: _____ State Agency: _____ Local Agency: _____
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