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**TITLE VI COMPLAINT FORM**

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| **SECTION I:** |
| **Name:** |
| **Address:** |
| **Telephone (home) (cell) (work)** |
| **Email Address:** |
| **Accessible Format Requirements:****[ ]Large Print [ ] TDD [ ] Audio Tape [ ] Other** |
| **SECTION II:** |
| **Are you filling out this form on your behalf? [ ] YES [ ] NO** |
| **If you answered YES to this question, go to section III** |
| **If you answered NO: Name and Address of the person for whom you are complaining:** |
| **Please explain why you have filed for a third party:** |
| **Have you obtained the permission of the third party to file the complaint? [ ] 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):** |
| **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 who discriminated against you (if known) as well as the name and contact information of any witnesses. If more space is needed, please use back of the form.** |
| **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 or local agency, or with any Federal or State court? [ ] YES [ ] NO** |
| **If YES Check all that apply:****[ ] Federal Agency \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Court \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Local Agency****[ ] Federal Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Agency \_\_\_\_\_\_\_\_\_\_\_** |
| **Please provide information about a contact person at the agency/court where the complaint was filed:** |
| **Name:** |
| **Title:** |
| **Agency:** |
| **Telephone:** |
| **SECTION VI:** |
| **Name of Agency Complaint is Against:** |
| **Contact Person:** |
| **Title:** |
| **Telephone Number:** |
| **SECTION VII:** |
| **You may attach any written materials or other information that is relevant to your complaint.** |
| **Signature: Date:** |
| **Please submit this form to Program Director/ Title VI Coordinator, Daybreak Adult Day Services, 7819 Rocky Springs Rd. Frederick, MD 21702** |