

Section 5: Title VI / ADA Complaint Form.

The **Caldwell Council on Aging/Public Transit's** Title VI / ADA Complaint Procedure is made available in the following locations:

- Agency website: www.caldwellcoa.org
- Hard copy in the central office
- Agency Title VI Plan

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Email Address:

Accessible Requirements?	Format	Large Print		Audio Tape	
		TDD		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:

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 Disability

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(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this 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: _____

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

If information is needed in another language, contact 318-649-0107.

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

Caldwell Council on Aging/Public Transit, 307 Main Street, PO Box 1498, Columbia, LA 71418