

Title VI Complaint Form (English)

Section I			
Name:			
Address:			
Telephone (Home):		Telephone(Work):	
E-Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TTY		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			
<p>I believe the discrimination experienced was based on: (check all that apply: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin</p> <p>Date of Alleged Discrimination: (Month, Day, Year) _____</p> <p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List names(s) and contract information of any witnesses. If more space is needed, please use the back of this form.</p>			
Section IV			
Have you previously filed a Title VI complaint with this agency?		Yes	No
Section V			
<p>Have you filed this complaint with any other federal, state, or local agency, or with any federal or state Court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply and enter name of agency or court:</p>			

<input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court_ <input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency or court where the complaint was filed. .
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone:

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

Mail:
 Malheur Council on Aging &
 Community Services
 Attention: Loni Debban,
 Executive Director
 PO Box 937
 Ontario, OR 97914

Phone:
 541-889-7651
 Spanish Translation 541-889-7651
 Oregon Relay Service 800 735-2900

Fax: 503-263-6284
Email: loni.debban@mcoacs.org