

Title VI

LODI MEMORIAL ADULT DAY SERVICES

TITLE VI COMPLAINT FORM

Section I *Please write legibly*

1. Name: _____
2. Address: _____
3. Telephone: _____ 3a. Cell _____
4. Email Address: _____
5. Accessible Format () large Print () Audio Tape
 Requirements? () TDD () Other

Section II

6. Are you filing this complaint on your own behalf? Yes () No ()
 - If you answered yes to #6 go to Section III
7. If you answered "No" to #6 what is the name of the person for whom you are filing this complaint? Name: _____
8. What is your relationship to this individual: _____
9. Please explain why you have filed for a third party: _____

10. Please confirm that you have obtained permission of
 The aggrieved party to file on their behalf. Yes () No ()

Section III

11. I believe the discrimination I experienced was based on (check all that apply)
 () Race () Color () National Origin
12. Date of alleged discrimination: (mm/dd/yyyy)
13. 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

14. Have you previously filed a Title VI Complaint with Lodi Memorial Adult Day Services?
 Yes () No ()

Section V

15. Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

() Federal Agency _____ () State Agency _____
() Federal Court _____ () State Court _____
() Local Agency _____

16. If you answered 'yes' to #15 provide information about a contact person at the agency/court where your complaint was filed

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____ Email: _____

Section VI

Name of Transit Provider Complaint is against: _____

Contact Person: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature _____ Date: _____

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

Title VI Program Director/Administrator

Adult Day Services

125 S Hutchins Street

Lodi, California 95240