



## AGING, DISABILITY AND TRANSIT SERVICES OF ROCKINGHAM COUNTY TITLE VI COMPLAINT FORM

### Instructions:

If you would like to submit a Title VI complaint to Aging, Disability and Transit Services of Rockingham County, please complete the form below and return to: ADTS, Attention: Title VI Coordinator, 105 Lawsonville Avenue, Reidsville, NC 27320 or send by e-mail to [modell@adtsrc.org](mailto:modell@adtsrc.org). For questions regarding completing this form, you can contact the ADTS Title VI Coordinator at (336) 347-2287.

1. Name (Complainant):

2. Phone:

3. Home Address:

4. If applicable, the name of the person(s) who you believe discriminated against you:

5. Date of the incident:

6. Discrimination based on (please check all that apply):

Race

Color

National Origin

7. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you.

8. Why do you believe these events occurred?

9. Is there any other information that you feel may be relevant to this investigation?

10. How can these issues be resolved to your satisfaction?

11. Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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12. 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:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Court
<input type="checkbox"/> State Agency	<input type="checkbox"/> Local Agency	

If filed at an agency and/or court, please provide information on a contact person at that agency/court:

<i>Agency/Court:</i>	<i>Contact's Name:</i>	<i>Address:</i>	<i>Phone Number:</i>
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Signature: \_\_\_\_\_ Date of Filing: \_\_\_\_\_