



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

Instructions:

If you would like to submit a Title VI/ADA 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. 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 Disability

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:

Name

Address

Phone Number

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:

____ Federal Agency

____ Federal Court

____ State Court

____ State Agency

____ Local Agency

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

Agency/Court:

Contact's Name:

Address:

Phone Number:

Signature: _____ Date of Filing: _____