



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

Instructions:

If you would like to submit a Title VI or ADA complaint to Aging, Disability and Transit Services of Rockingham County, please complete the form below and return to: ADTS, Attention: Central Complaint/Contracting Specialist, 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/ADA 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: _____