

GoochlandCares
Title VI and ADA (Non-Discrimination) Complaint Form

Section I

Name: _____	Date of Complaint: _____		
Address: _____			
Home Phone: _____	Other Phone: _____		
Email: _____			
Accessible Format Requirements (check all that apply)			
_____ Large Print	_____ Audio Tape	_____ TDD	_____ Other

Section II

Are you filing this complaint on your own behalf? _____ yes* _____ no
*If yes, go to Section III
If, no, please share the name and relationship of the person for whom you are complaining:
Name: _____ Relationship: _____
Reason you are complaining on behalf of this person (why are they not completing the form themselves): _____

Do you have the permission of the aggrieved party to file on their behalf? _____ yes _____ no

Section III

I believe the discrimination I experienced was based on (check all that apply):
_____ Race _____ Color _____ National Origin _____ Disability
Date of Alleged Discrimination (Month, Date, Year) _____
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

Have you previously filed a Title VI complaint with this agency? yes no

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? yes no

If yes, circle all that apply.

Federal Agency Federal Court State Agency State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name	Title	Agency	Address	Phone

Section VI

Name of Agency complaint is about: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

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

Signature (required)

Date (required)

Submit this form in person or mail to the address below:

Alison Smith, Director of Finance
GoochlandCares
2999 River Road West
Goochland, VA 23063

asmith@goochlandcares.org
804-556-6260