

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