

Southern Area Agency on Aging
(SAAA)

TITLE VI COMPLAINT FORM

SAAA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling 1-800-468-4571 04 (276) 632-6442. The completed form must be returned to Title VI Compliance Officer, Southern Area Agency on Aging, 204 Cleveland Ave., Martinsville, VA 24112.

Your Name: _____

Street Address: _____

City, State, & Zip Code: _____

Phone: _____ Alt. Phone: _____

Person(s) discriminated against (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Which of the following best describes the reason for the alleged discrimination? (circle all that apply) Date of Incident: _____

- Race
- Color
- National Origin (Limited English Proficiency)

Have you filed a complaint with any other Federal, State or Local Agencies?
(Circle One) Yes/No If yes, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

Print or Type Name of Complainant: _____

<p>SAAA Office use only</p> <p>Date Received: -----</p> <p>Received by: -----</p>
