

Section 5: Title VI Complaint Form

The Hilltown Community Development Corporation's ADA/Title VI Complaint Form is made available in the following locations:

- Agency website, if available: www.hilltowncdc.org
- Hard copy in the central office
- Agency Title VI Plan

Please check one of the following below:

ADA Complaint or Title VI Complaint

Part I.

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Additional Formats Needed:

- None TDD
- Large Print Audio Tape
- Other

Part II.

Are you filing this complaint on your own behalf?

- Yes – Proceed to Part III
- No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

- I have obtained permission of the aggrieved party to file this form on his or her behalf.
- I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

I believe the discrimination I experienced was based on:

<u>Title VI</u>	<u>ADA</u>
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	<input type="checkbox"/> Disability

Other: _____

Date of the alleged discrimination: _____

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.

Part IV.

Have you previously filed an ADA and/or Title VI complaint with this agency?

Yes

No

Part 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, check all that apply:

Federal Agency Federal Court

State Agency State Court

Local Agency

Please provide the contact information for a person at the agency or court where the complaint was filed:

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Email: _____

Part VI.

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

Signature of Person Filing Complaint

Date

Please submit this form to:

Hilltown Community Development Corporation
387 Main Road, PO Box 17
413-296-4232
ride@hilltowncdc.org