



## Title VI, ADA and EEO Complaint Form

Any individual may exercise their right to file a complaint if that person believes that they have been subjected to unequal treatment or discrimination in the receipt of benefits or services or in employment. The Arc of Northern Virginia will make a concerted effort to resolve complaints at the lowest level possible.

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Director of First Impressions. Please print if you are not completing this form electronically.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Basis of Complaint (mark all that apply):

Race	Color	Religion	National Origin
Sex/Gender	Sexual Orientation	Gender Identity	Age
Disability	Retaliation	Other, please specify:	

Who discriminated against you?

Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

How were you discriminated against? (Attach additional pages if more space is needed)

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Where did the discrimination occur?

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Dates and times discrimination occurred?

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Were there any other witnesses to the discrimination?

Name

Organization/Title

Work Telephone

Home Telephone

Name

Organization/Title

Work Telephone

Home Telephone

How would you like to see this situation resolved?

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Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who \_\_\_\_\_ When \_\_\_\_\_

Status (pending, resolved, etc.) \_\_\_\_\_ Result, if known \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

Do you have an attorney in this matter?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Complainant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_