

**NEW ADVANCES FOR PEOPLE WITH DISABILITIES**

**TITLE VI COMPLAINT FORM**

<b>Section 1</b>			
Name:			
Address:			
Telephone (Home):		(Work):	(Cell):
Email Address:			
Accessible Format Requirements?	Large Print	Audio	TDD
<b>Section 2</b>			
Are you filing this complaint on your own behalf?	Yes*	No	
*If you answered “yes” to this question, go to section 3.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Name:	Relationship:		
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No	

**Section 3**

I believe the discrimination I experienced was based on (check all that applies)

Race                                       Color                                       National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain 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 as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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**Section 4**

Have you previously filed a Title VI complaint with this agency?	Yes	No
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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 applies:

<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> State Court: _____	

**Section 5**

Provide information about a contact person at the agency/court where the complaint was filed:

Name:

Agency:

Title:

Address:

Telephone:

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

Signature and date required below

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Signature

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Date

Please submit this form in person at the address below, or mail this form to:

New Advances for People with Disabilities  
3400 N. Sillect Avenue  
Bakersfield, CA 93308