Northshore Senior Center Title VI, ADA, and General Complaint Form



| I am filing a: | Title VI Complaint | ADA Complaint | General Complaint |
|----------------|--------------------|---------------|-------------------|
| | | | |

| Section I: | | | | | | | |
|--|---------------|--------|--|--|--|--|--|
| Name: | | | | | | | |
| Address: | | | | | | | |
| Telephone: | Email: | | | | | | |
| Accessible Format Requirements? | Large Print | TDD | | | | | |
| | Audiotape | Other: | | | | | |
| | | | | | | | |
| Section II: | | | | | | | |
| Are you filing this complaint on your own behalf? If yes, skip to Section III | | | | | | | |
| If no, please supply the name and relationship of the person on whose behalf you are filing: | | | | | | | |
| Please explain why you have filed for a third party: | | | | | | | |
| Have you received permission from the third party to file on their behalf? Yes No | | | | | | | |
| Section III: | TITLE VI ONLY | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply) | | | | | | | |
| Race Color Nationa | al Origin | | | | | | |
| Date of incident: | | | | | | | |
| Please 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 the names and contact information for any witnesses (if known) | | | | | | | |
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| Section IV: | IIILE VI ONLY | | |
|----------------------------|--|-------------------------|----------------------------|
| Have you previously file | d a complaint with this organization? | Yes | No |
| | | | |
| Section V: | TITLE VI ONLY | | |
| Have you filed this comp | plaint with any other Federal, State, or I | ocal agency, or with ar | ny Federal or State Court? |
| Yes | No | | |
| If yes, please check all t | hat appy | _ | |
| Federal Agency: | | State Agency: | |
| Federal Court: | | Local Agency: | |
| State Court: | | | |
| Please provide contact i | nformation for the agency/court where | the complaint was filed | l. |
| Name: | Tit | ile: | |
| Agency: | | | |
| Address: | | | |
| Telephone: | | | |
| | | | |
| Section VI: | For ADA or General Complaints | | |
| Name of person or prog | ram this complaint is against: | | |
| For non-Title VI complai | nts, please use the space below to exp | lain the issue/experien | ce: |
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| | | | |
| Signature | | Date | |
| | | | |

Please email this form to information@mynorthshore.org or mail

to: ATTN: CEO

Northshore Senior Center 10201 E. Riverside Drive

Bothell, WA 98011