



Title VI/ADA Complaint Form

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Title VI/ADA Compliance Officer, Henry County Senior Services, PO Box 7, Collinsville, VA 24078

You can reach Senior Services office Monday through Friday from 8:00am to 5:00pm at 276-634-4644, or you can email Henry County Senior Services Title VI/ADA Compliance Office at amundy@co.henry.va.us.

Complaint's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (Home) _____ (Cellphone #) _____

Email Address: _____

Name of Person discriminated against (if other than complaint) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (Home) _____ (Cellphone #) _____

Name and address of agency, institution, or department you believe discriminated against you:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of incident resulting in discrimination: _____

Identify the category of Discrimination

Race _____ Color _____ National Origin _____ Disability _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please use back of form or attach extra sheets to form.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information

Witness's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (Home) _____ (Cellphone #) _____

Have you filed this complaint with another federal, state, or local agency?

Yes _____ No _____

If answer is Yes, check each agency you filed the complaint with:

Federal Agency _____ Federal Court _____ State Agency _____ State Court _____

Local Agency _____ Other _____

Provide contact person information for the agency you also filed the complaint with:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Filed _____

Attach any documents you believe support your complaint. Sign the complaint in space below.

Complaint Signature

Date