

**Grafton Integrated Health Network
ADA* and Title VI Complaint Form**

Section I

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

E-Mail: _____

Accessible Format Requirements? Large Print TDD Audiotape Other: _____

Section II

Are you filing this complaint on your own behalf? Yes* No

[If Yes, please go to Section III]

If No, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained permission of the aggrieved party. Yes No

Section III

I believe discrimination I experienced was based on (all that apply): Race Color National Origin Disability

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Please include all persons who were involved, 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. If more space is need, please use the back of this form. _____

Section IV

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

Section 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, please specify: _____ Who is a contact person at the agency/court where the complaint was filed. _____

Section VI

Name of agency complaint is against: _____ Contact Person: _____

Contact's Title: _____ Telephone: _____

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

Signature and Date required: _____

Signature

Date

*ADA=Americans with Disabilities Act