

**TITLE VI, ADA AND EEO COMPLAINT FORM**

Any individual may exercise his or her right to file a complaint if he or she believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services or in employment. The Jewish Council for the Aging of Greater Washington 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 Senior Director of Finance & Administration. 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 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there were any other witnesses to the discrimination, please list below or on attached pages.

Name \_\_\_\_\_  
Organization/Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Organization/Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

How would you like to see this situation resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
Email Address \_\_\_\_\_

***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 \_\_\_\_\_