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)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where did the discrimination occur?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 ________________________

Updated May 8, 2017