

Hopelink Title VI, ADA, and General Complaint Form

Section IV: TITLE VI ONLY

Have you previously filed a complaint with this organization? Yes No

Section V: TITLE VI ONLY

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 check all that apply

Federal Agency: _____ State Agency: _____
 Federal Court: _____ Local Agency: _____
 State Court: _____

Please provide contact information for the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI: For ADA or General Complaints

Name of person or program this complaint is against:

For non-Title VI complaints, please use the space below to explain the issue/experience:

Signature

Date

Please email this form to hopelink@hopelink.org or mail to:
ATTN: Chief Operating Officer
Hopelink
PO Box 3577
Redmond, WA 98073-3577