Hopelink Title VI, ADA, and General Complaint Form

hop	oelink	I am filing a: 🚺 Title VI Complaint	ADA Complaint	General Complaint
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Section I:			
Name:			
Address:			
Telephone:	Email:		
Accessible Format Requirements?	Large Print	TDD	
	Audiotape	Other:	

Section II:	
Are you filing this complaint on your own behalf?	Yes
If yes, skip to Section III	
If no, please supply the name and relationship of the pers	on on whose behalf you are filing:
Please explain why you have filed for a third party:	
Have you received permission from the third party to file c	n their behalf? Yes No

believe the discrimination I experienced was based on (check all that apply)
Race Color National Origin
Date of incident:
Please explain as clearly as possible what happened and why you believe you were discriminated against. Describ
all persons who were involved. Include the name and contact information of the person(s) who discriminated
against you (if known) as well as the names and contact information for any witnesses (if known)

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Section IV:	TITLE VI ONLY
Have you previously filed a compl	aint 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:	
	for the agency/court where the complaint was filed.
Name:	Title:
Agency:	
Address:	
Telephone:	
	or General Complaints
Name of person or program this c	omplaint is against:
For non-Title VI complaints, pleas	e use the space below to explain the issue/experience:
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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