



Martinsville Senior Center

ADA AND TITLE VI COMPLAINT FORM

ADA COMPLAINT

Name	Phone Number	Alternate Phone Number
Address		
City	State	ZIP Code
Email Address		Date
Government, organization, or institution which you believe has committed a discriminating act		
Select each of the following that are applicable to the discrimination complaint <input type="checkbox"/> Transportation <input type="checkbox"/> Programs		
When did the discrimination occur? Date: _____ Time: _____		
Where did the discrimination occur? Location: _____		
Have you filed this complaint with any other federal, state, or local agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following information:		
Agency or Court _____		
Contact Person _____		
Address _____		
City, State, ZIP Code _____		

6/9/23

Describe the acts of discrimination providing names (where possible) of individuals involved as well as details of the incident.

Complainant signature	Date
------------------------------	-------------

Office Use Only	
Date received	Received by