

6/9/23



**Martinsville Senior Center**  
**ADA AND TITLE VI COMPLAINT FORM**  
**ADA COMPLAINT**

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

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**