



**Mt. Si Senior Center/Snoqualmie Valley Transportation
Title VI discrimination, ADA and General Complaint Form**



I am filing a: Title VI Complaint _____ ADA Complaint _____ General Complaint _____

Section 1

Name: _____

Address: _____

Telephone: _____ Email: _____

Accessible Format Requirements?

Large Print: _____

TDD: _____

Audiotape: _____

Other: _____

Section 2:

Are you filing this complaint on your own behalf? Yes _____ No _____

If yes, skip to Section 3

If no, please supply the name and relationship of the person on whose behalf you are filing:

Name: _____ Relationship to you: _____

Please explain why you are filing for this other person: _____

Have you received permission from this person to file a complaint on their behalf?

Yes _____

No _____

Section 3

TITLE VI DISCRIMINATION ONLY

I believe the discrimination I experienced was based on (check all the apply):

Race: _____

Color: _____

National Origin: _____

Date of incident: _____

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe 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).

