

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 Forr	mat Requirements?		
Large Print:	•	IDD:	
Audiotape:		TDD: Other:	
_			
Section 2:			
	nis complaint on your o	wn behalf? Yes	No
If yes, skip to Se		WIT DOTIGITY 103	No
		ationship of the person on w	hose behalf you are filing:
	ppry mo name and ren		ou:
_			
Please explain	why you are filing for th	is other person:	
Have you rece		is person to file a complaint No	on their behalf?
Section 3		TITLE VI DISCRIMINATIO	ONI ONII V
	carimination Laypariana		
		ced was based on (check al lor:	National Origin:
-			<u> </u>
Date of incider	nt:		
against. Descril	be all persons who were discriminated against y	e involved. Include the nam	u believe you were discriminated ne and contact information of the names and contact information for

Section 4: TITLE VI DISCRIM	
Have you previously filed a complaint with this organization?	
Yes No	
- 12 - 5 - TITLE 1/1 DIG ODIA	WATER AND AND A STATE OF THE ST
Section 5: TITLE VI DISCRIM	
Have you filed this complaint with any other Federal, state of	or local agency or with any Federal or State
Court?	
Yes No No If yes, please check all that apply, which agency and date	
	State Agency:
Federal Agency: Federal Court:	Local Agency:
Federal Court: State Court:	
Please provide contact information for the agency/court w	nere the complaint was filed
Name:	Title:
Agency:	
Address	
Telephone:	
Section 6: For ADA or Gen- Name of person or program this complaint is against:	
Nome of Deison of Diodiam this Combiain is adding.	
Traine of person of program the complaint is against.	
For non-Title VI discrimination complaints, please use the spo	