Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):	Telephone (Work):				
Electronic Mail Address:					
Accessible Format Requirements?	☐ Large Print		☐ Audio Tape		
	□ TDD		☐ Other		
Section II:					
Are you filing this complaint on your own behalf	f? □Yes*			□No	
*If you answered "yes" to this question, go to Section III .					
If not, please supply the name and relationship					
of the person for whom you are complaining.					
Please explain why you have filed for a third party:					
Please confirm that you have obtained the permission of the				□No	
aggrieved party if you are filing on behalf of a third party. ☐ Yes ☐ No					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
☐ Race ☐ Color ☐ National Origin					
Date of Alleged Discrimination (Month, Day, Year):					
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 names and contact information of any witnesses. If more space is needed, please use the back of this form.					
Section VI:					
ve you previously filed a Title VI complaint with this		□Ye		□ N.o.	
agency?		LY6	=5	□No	

Please submit this form in person at the address below, or mail this form to:	If yes, please provide any reference info	ormation regarding your previous complaint.
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes		
or State court? Yes	Section V:	
Yes	Have you filed this complaint with any o	other Federal, State, or local agency, or with any Federal
If yes, check all that apply: Federal Agency: Federal Agency: State Court: Local Agency: Please provide information about a contact person at the agency/court where the complaint was filed. Name: Title: Agency: Address: Telephone: Section VI: Name of agency complaint is against: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below Signature Date Please submit this form in person at the address below, or mail this form to: Aster Aging, Inc. Human Resources Associate 45 W. University Drive Mesa, AZ 85201	or State court?	
Federal Agency:	☐ Yes ☐ No	
Federal Court: State Agency: Local Agency: Please provide information about a contact person at the agency/court where the complaint was filed. Name: Title: Agency: Address: Telephone: Section VI: Name of agency complaint is against: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below Signature Please submit this form in person at the address below, or mail this form to: Aster Aging, Inc. Human Resources Associate 45 W. University Drive Mesa, AZ 85201	If yes, check all that apply:	
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Mesa, AZ 85201		
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480-964-9014		
A copy of this form can be found online at <u>www.asteraz.org</u>		at www.asteraz.org