

**ACTION IN MATURITY, INC.**

**COMPLAINT FORM**

|  |  |  |  |  |  |  |
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| **TITLE VI COMPLAINT FORM** | | | | | | |
| **Section 1** | | | | | | |
| Name: |  | | | | | |
| Address: |  | | | | | |
| Home Phone: |  | | | Cell/Work Phone: |  | |
| Email: |  | | | | | |
| Accessible Format  Requirements | Large Print | | | TDD | Audio | Other |
|  | | |  |  |  |
| **Section 2** | | | | | | |
| Are you filing a complaint on your own behalf? | | | | | YES\* | NO |
| If you answered “Yes” to this question, go to Section 3 | | | | |  |  |
| 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 aggrieved party if you are filing on behalf of a third party: | | | | |  | |
| **Section 3** | | | | | | |
| I believe the discrimination I experienced was based on:  (check all that apply) | | | | | | |
| Race | Color | | | Natural Origin | Month, Day and Year of Alleged Discrimination: | |
|  |  | | |  |  | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Include the name and contact information all parties and witnesses. If more space is needed, please use the back of this form. | | | | | | |
| **Section 4** | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | YES | NO |
|  |  |
| **Section 5** | | | | | | |
| Have you filed this complaint with any other Federal, State or Local Agency, or with any Federal or State Court?  (If yes, check all that apply) | | | | | YES | NO |
|  |  |
| Federal Agency | | Federal Court | State 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/Phone: | |  | | | | |
| **Section 6** | | | | | | |
| Name of agency complaint is against: | | |  | | | |
| Contact Person: | | |  | | | |
| Title: | | |  | | | |
| Phone/email: | | |  | | | |

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| --- | --- |
| You may attach any written materials or other information that you think is relevant to your complaint. |  |
| Signature | Date |

Please mail the completed form to: Laura Bristow, Executive Director, Action In Maturity, Inc., 700 W. 40th Street, Baltimore, MD 21211