

# Discrimination ADA/Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability		
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.		
_____		
_____		
_____		
<b>Section VI:</b>		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes       No

If yes, check all that apply:

- 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: \_\_\_\_\_

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:

**New Horizons Disability Empowerment Center**  
**Darlene Golson, Assistant Executive Director**  
9400 East Valley Road, Prescott Valley, AZ 86314  
(928)772-1266  
dgonson@nhdec.org

A copy of this form can be found online at [www.nhdec.org](http://www.nhdec.org)

“New Horizons Disability Empowerment Center (NHDEC) will provide information needed to access its programs in ADA Accessible Formats upon request. Examples include, Large Print, Audio, Braille, etc. To make a request for information to get this information in an ADA Accessible Format, please call Darlene Golson at (928)772-1266 ext. 101 or email [dgolson@nhdec.org](mailto:dgolson@nhdec.org). You may also contact NHDEC through the Minnesota Relay TTY service by dialing 711 or 1-800-627-3529.”