FOR OFFICE USE ONLY

Date Recorded: _____ **Case No.** _____

GEARY COUNTY SENIOR CENTER

TITLE VI COMPLAINT FORM

Name: _____

Address: _____

City, State & ZIP: _____

Who discriminated against you?

_____

Cause of Discrimination (check one)

- ☐ **Race/Ethnicity/Nationality**
- ☐ **Disability**
- ☐ **Income**
- ☐ **Sex**
- ☐ **Religion**
- ☐ **Age**
- ☐ **Language**

Conflict Explanation
Please include incident location, date & time.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Conflict Resolution
What would be a reasonable settlement of your charge?

_____

_____

_____

I swear the charges as stated above are true to the best of my knowledge,

Signature: _____ **Date:** _____