

St. Anthony Senior Center
TITLE VI COMPLAINT FORM

Section I:

Name:

Home Address:

Telephone (Home):

Telephone (Work):

Email:

Cell:

Accessible Format Requirements?

Large Print ☐

TDD ☐

Audio Tape ☐

Other

Section 2:

Are you filing this complaint on your own behalf?

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 aggrieved party if you are filing on behalf of a third party.

Yes ☐

No ☐

Section 3:

Date of Alleged Discrimination (Month, Day, Year): _____

I believe the discrimination I experienced was based on (check all that apply):

Sex ☐

Age ☐

Low-Income ☐

Race ☐

Disability ☐

National Origin ☐

Color ☐

Religion ☐

Other (explain) ☐

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.

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?

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 6:

Name of Agency Complaint is Against:

Contact Person:

Title:

Telephone:

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

Signature and date required below.

Signature

DatePlease submit this form and any supporting documentation in person at the address below,
or mail this form to:

Senior Center/Title VI
Lindsay Draper
St. Anthony Senior Center
1703 W 10th Street
Wilmington, DE 19805

Or you may submit this form by email to seniors@stanthonycenter.org