

**ADA/Title VI Discrimination Complaint Form
Washington County Senate Bill 40**

The completed form must be returned to ADA/Title VI Program Officer, Kimberly Boyer, at 10558 West State Hwy E, Potosi, MO 63664 or sent by Email to Title VI Complaint Administrator

Your Name: _____

Your Street Address: _____

City, State and Zip Code: _____

Phone: _____ **Alt Phone:** _____

Person(s) discriminated against: _____

Address and phone number of person(s) discriminated against if different from above

Which of the following best describes the reason for the alleged discrimination took place?
(Circle one) Date of Incident:

- Race
- Color
- National Origin (Limited English Proficiency)
- Disability

Please describe the alleged discrimination incident. Provide the names and titles of Washington County Senate Bill 40 employees if available. Explain what happened and whom you believe was responsible. Please continue on the next page, and use the back of this form if additional space is required. _____

Have you filed a complaint with any other federal, state or local agencies? (Circle one)

Yes / No

If yes, what agencies:

Agency: _____

Contact Name: _____

Address: _____

Phone: _____

Agency: _____

Contact Name: _____

Address: _____

Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature

Date

Print or Type Name of Complainant

Your rights in ADA/Title VI non-discrimination complaints

Filing this complaint with the Washington County Senate Bill 40 Board Title VI Program Officer does not prevent you from filing a complaint with the Federal Agency providing funding to the party against which a complaint is being lodged. For additional information on location of state and federal offices contact the Title VI Program Officer.