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**ADA and Title VI Civil Rights Complaint Form**

**Complainant’s Name:**  Click or tap here to enter text.

**Complainant’s Telephone Number:** Click or tap here to enter text.

**Complainant’s Street Address:**  Click or tap here to enter text.

**Complainant’s City, State, Zip Code:**  Click or tap here to enter text.

**Complainant’s Email Address:** Click or tap here to enter text.

**Name of individual or organization you believe discriminated:**

Click or tap here to enter text.

**Indicate the nature of the alleged discrimination (check all that apply):**

|  |  |
| --- | --- |
| **Categories protected under Title VI Civil Rights Act of 1964** | **Categories protected under ADA or other federal and/or state laws** |
| Race | Disability |
| Color | Age |
| National Origin (Language) | Sex |
|  | Other Click or tap here to enter text. |

**Location of the Alleged Incident:** Click or tap here to enter text.

**Date of Alleged Incident:** Click or tap to enter a date.

**Who do you allege was the victim of discrimination?**

You

Someone else, please specify: Click or tap here to enter text.

A Class of Persons, please specify: Click or tap here to enter text.

**Please describe your complaint including specific details such as names, dates, times, and witnesses. Detail as clearly as possible what happened and you may attach additional materials.**

|  |
| --- |
| Click or tap here to enter text. |

**Have you filed this complaint with any other agency (federal, state, or local)?**

Yes, please specify: Click or tap here to enter text.

No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this compliant form to:**

Director of Quality Improvement and Evaluation

Mystic Valley Elder Services, Inc.

300 Commercial Street, #19

Malden, MA 02148

**Or Email to:** [LBeauregard@mves.org](mailto:LBeauregard@mves.org)