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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