

THE FULTON COUNTY ADA / TITLE VI COMPLAINT FORM

What is the nature of your complaint, ADA or Title VI?

Please check one of the following: ADA or Title VI

[FOR OFFICE USE ONLY]
Complaint No. _____

Part I.

Name _____
Address _____
Telephone (Home) _____ (Work) _____
Email Address _____
Accessible Format Requirements? _____
TDD Large Print Audio Tape Other (please specify) _____

Part II.

<p><i>Are you filing this complaint on your own behalf? Yes_____ No _____</i></p> <p><i>I believe the discrimination I experienced was based on (check all that apply):</i></p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin</p> <p><i>Date of Alleged Discrimination (Month, Day, Year):</i></p> <p>_____</p> <p><i>Explain as clearly as possible what happened to you 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. If more space is needed, please use the back of this form.</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

Part III.

You may use the back of this document for additional comments or attach any written materials or other information you think is relevant to your complaint.

Part IV.

Have you previously filed an ADA or Title VI complaint with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Part V.

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court
<input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____

Part VI.

Name of agency complaint is against: _____
Contact Person: _____
Title: _____
Telephone: _____

****To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.****

Signature and date required below:

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

ADA / Title VI Coordinator

Fulton County

100 N. Main Street

Lewistown, IL 61542