

# Van Wert County Council on Aging

220 Fox Rd., Van Wert, OH 45891  
Phone: 419.238.5011 Fax 419.238.5054

## Title VI Complaint Form

Date of Complaint filed: \_\_\_\_\_

Complainant Information:

Name:

Address:

City, State, Zip:

Telephone #:

Basis of Discrimination: \_\_\_ Race \_\_\_ Gender \_\_\_ National Origin \_\_\_ Religion

Are you filling this complaint on your own behalf? \_\_\_ Yes \_\_\_ No

If you answered No supply name and relationship for whom you are making the complaint for: \_\_\_\_\_

Please confirm you have obtained permission of the aggrieved party if you are filing on behalf of a third party: \_\_\_ Yes \_\_\_ No

Respondent Information (party you believe discriminated against you)

Name:

Address:

City, State, Zip:

Telephone #:

Department:

When did the Discriminatory Act occur?: \_\_\_\_\_

Most recent date of the alleged act?: \_\_\_\_\_

Is the Act ongoing?: \_\_\_ Yes \_\_\_ No

In your own words please describe the alleged discriminatory acts. Please provide dates:

\_\_\_\_\_

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Witnesses: Please list any individuals that may have any information that supports or clarifies your complaint.

Name:

Address:

City, State, Zip:

Telephone #:

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Signature of Complainant

Date

Please send completed form to 220 Fox Rd., Van Wert, OH 45891, Attention Kevin Matthews, Executive Director. Form may also be submitted through fax at (419) 238-5054 or by e-mail to [vwaging@vwcouncilonaging.com](mailto:vwaging@vwcouncilonaging.com).