

# Grand County Council on Aging Title VI Civil Rights Complaint Form

Instructions: To submit a Title VI complaint to Grand County Council on Aging, please print and complete the following form, sign and return to: Grand County Council on Aging, Attention: Executive Director, P.O. Box 42, Granby, CO 80446. For questions or a full copy of Grand County Council on Aging's Title VI policy and complaint procedures, please submit a written request to the above address, call (970)887-3222 or director@grandcoa.org.

## Section I:

1. Name (Complainant):

3. Home Address (Street No., City, State, Zip)

3. Phone:

4. Email Address:

5. Accessible format requirements? (please check preference)

Large Print

Other (please indicate)

## Section II:

6. Are you filing this complaint on your own behalf? Yes No

(If you answered "yes" to this question, please go to **Section III.**)

7. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:

8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf?

Yes No

## Section III:

9. Have you previously filed a Title VI complaint with Grand County Council on Aging? Yes No

10. Have you filed this complaint with any other federal, state, or local agencies or with any federal or state court?

Yes No

11. If "yes," please check all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

12. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:

Agency/Court:

Contact Name:

Address:

Phone Number:

**Section IV:**

13. Date of Incident:	14. If applicable, name of person(s) who allegedly discriminated against you:
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15. Discrimination based on (please check all that apply):      Race      Color      National Origin

16. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

17. Why do you believe this event occurred?

19. How can this issue be resolved to your satisfaction?

20. Please list any person(s)/ we may contact for additional information to support or clarify your complaint:  
Name: Address: Phone Number:


**Section V:**

Signature:

Date of filing:

**Please note: The Grand County Council on Aging cannot accept your complaint without a signature.**

Please mail your completed form to:

Executive Director  
Grand County Council on Aging  
P.O. Box 42  
Granby, CO 80446