

Title VI & ADA 504 Complaint Form

1. Date complaint filed:		
2. ULBC Staff person (please also list title) who was notified of complaint: ———————————————————————————————————		
3. Complainant Information Name Address City, State, Zip Telephone# cell Basis of Discrimination race national origin color sex age disability		
4. Respondent Information (party/parties you believe discriminated against you) Name Address City, State, Zip Telephone# cell Program/Department		
5. When did the discriminatory act(s) occur? Beginning date of alleged discriminatory act? Most recent date of alleged discriminatory act? Is the alleged discriminatory act ongoing?yesno		
6. Which of the following action(s) do you believe were taken against you? (Check all that apply) denied program service, or benefit received service or benefit differently or inferior to those provided to others subjected to segregate or separate treatment related to the receipt of any service or benefit denied opportunity to participate as member of planning or advisory body retaliated against as result of alleging any of the above other		



	our own words, describe alleged discriminatory acts. Please provide date(s), when able. If others were treated differently than you, please describe.
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Ple In	nesses ease list any individuals that may have information that supports or clarifies your complain clude as much contact info as possible. <i>This list will not be provided to the Respondents(s) name</i>
in	your complaint.
1.	Name
	Address
	Phone Number
	Email Address
2	Namo
۷.	NameAddress
	Phone Number
	Email Address
3.	Name
	Address
	Phone Number
	Email Address
Signatur	e
Print Nar	me
Date	