

Snotrac Title VI, ADA, and General Complaint Form

Nature of Complaint: ADA Title IV General

Section I:

Name:

Address:

Telephone:

Email:

Accessible Format Requirements?

Large Print

TDD

Audiotape

Other:

Section II:

Are you filing this complaint on your own behalf? Yes No *If yes, skip to Section III.*

If no, please supply the name and relationship of the person on whose behalf you are filing:

Please explain why you have filed for a third party:

Have you received permission from the third party to file on their behalf? Yes No

Section III: TITLE VI ONLY

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of incident:

Please explain as clearly as possible what happened 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 the names and contact information for any witnesses (if known).

Signature

Date

Section IV: TITLE VI ONLY

Have you previously filed a complaint with this organization? Yes No

Section V: TITLE VI ONLY

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?
 Yes No

If yes, please check all that apply

- Federal Agency State Agency Local Agency
- Federal Court State Court

Please provide contact information for the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI: For ADA or General Complaints

Name of person or program this complaint is against:

For non-Title VI complaints, please use the space below to explain the issue/experience:

Please email this form to info@gosnotrac.org or mail to:

ATTN: Executive Director
Snotrac
3201 Smith Ave, St 215
Everett, WA 98201