
ADA/Title VI Complaint Form

Background

This form is used for both Title VI and Americans with Disabilities Act (ADA) complaints.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Lorain County Mobility Management is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator at 440-277-6530. **Once completed, return a signed and dated copy to:**

Ryan Aroney, President & CEO
642 Broadway Avenue, Lorain Ohio 44052

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 440-277-6530.

Please check one of the following below:

ADA Complaint or **Title VI Complaint**

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Email Address:			
Accessible Requirements?	Format	Large Print	Audio Tape
		TDD	Other
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party: _____			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
Date of Alleged Discrimination (Month Day, Year) _____			
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 names and contact information of any witnesses. If more space is needed, please use the back of this form.			

Section IV			
Have you previously filed a Title VI complaint with this agency?		Yes	No
Section 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:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

If information is needed in another language, contact 440-277-6530.

Please submit this form to:

United Way of Greater Lorain County
642 Broadway Avenue, Lorain, OH 44052
440-277-6530
Ryan.aroney@uwloraincounty.org