



What is the nature of your complaint ADA or Title VI? Please check one of the following below:

ADA Title VI

[FOR OFFICE USE ONLY]
Complaint No. _____

Part I.

Name:			
Address:			
Telephone (Cell):		Telephone (Other):	
Electronic Mail Address:			
Accessible Format Requirements?			
TDD	Large Print	Audio Tape	Other

Part II.

Are you filing this complaint on your own behalf? Yes* No		
*If you answered “yes” to the previous question go to section III.		
If not, please supply the name and relationship of the person for whom you are responding:		
Please explain why you have filed for a third party:		
Please confirm that you obtained permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No

Part 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	<input type="checkbox"/> Disability
Date of alleged discrimination:			
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. Please include in your response the remedy that you are requesting. If more space is needed, please use the back of this form.			

Part IV.

Have you previously filed a ADA/ Title VI complaint with this agency?	Yes	No
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Part V

<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><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</p>
Please provide any information about a contact person at the agency/court were the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:

Part VI.

Name of Agency complaint is against: _____

Contact Person: _____

Title: _____

Telephone Number: _____

<p>To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to do so may result in dismissal of the complaint.</p>
<p>Here you may attach any written materials or other information that you think is relevant to your complaint.</p>

If you have further questions, how do you prefer the town communicate with you concerning the complaint?

Signature and Date are required below

Signature: _____ **Date:** _____

Please submit this form in person at the address below, or mail this form to:

Jackie Huffman
Assistant Town Manager
Town of Huntersville
PO Box 664
Huntersville, NC 28070

ADA/ Title VI Complaint Form

The Town of Huntersville’s ADA/ Title VI complaint form information is available in English on the Town of Huntersville’s website and presented in this report. The Town of Huntersville’s website also provides access to translation of ADA/ Title VI complaint form into other languages if needed.

If you require assistance in completing this form, please contact the Town either in person, by emailing to jhuffman@huntersville.org, or by calling the following number: 704-875-6541.