



TITLE VI COMPLAINT FORM

disABILITYsa is committed to ensuring that no person is excluded from participation in or denied the benefits of or subject to discrimination in the receipt of its services or programs on the basis of race, color or national origin as protected by Title VI of the Civil Rights Acts of 1964, as amended.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the disABILITYsa Office by email at info@disabilitysa.org or by phone/text at (210) 704-7262.

Please complete, sign, and return this form either by email to access@disabilitysa.org or by mail to:

disABILITYsa
ATTN: Title VI
P.O. Box 28243
San Antonio, Texas 78228

Section I:	
Name:	
Address, City, State & Zip Code:	
Telephone (Home/Cell):	Telephone (Work):
Email Address:	

Section II:

Are you filing this complaint on your own behalf?

Yes*

No

***If "yes", you are filing on your own behalf, skip to Section III.**

Name of the person for whom you are filing this complaint:

Please explain why you are filing for a third party, and your relationship to the individual you are filing on behalf of:

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):

Race

National Origin

Color

Other: _____

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 the names and contact information of any witnesses. If more space is needed, please use the back of this form.

