

Hanover County -Hanover DASH

ADA AND TITLE VI COMPLAINT FORM

4/28/2021

ADA COMPLAINT

Name	Phone Number	Alternate Phone Number
Address		
City	State	ZIP Code
Email Address		Date
Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
Select each of the following that are applicable to the access barrier or discrimination complaint: <input type="checkbox"/> Public rights-of-way <input type="checkbox"/> Program <input type="checkbox"/> Service <input type="checkbox"/> Activity		
Have you filed this complaint with any other federal, state, or local agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the agency/agencies contact information below.		
Agency Name	Contact Name	
Address, City, State, ZIP Code	Phone Number	
Agency Name	Contact Name	
Address, City, State, ZIP Code	Phone Number	

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Provide a solution to the complaint.

Complainant signature

Date

The laws enforced by this agency prohibit retaliation or intimidate against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form, please contact:

Hanover County Community Resources Director, PO Box 470 , Hanover VA 23069

Office Use Only

Date received

Received by

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TITLE VI COMPLAINT

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	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			

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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