**Section I:**

**Name:**

**Address:**

**Telephone (Home):**

**Telephone (Work):**

**Electronic Mail Address:**

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Print</td>
<td>TDD</td>
<td>Other</td>
</tr>
</tbody>
</table>

**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: Title VI or ADA Discrimination Description**

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


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

Have you previously filed an ADA complaint with this agency?

**Section V**

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

If yes, check all that apply:

[ ] Federal Agency: ______________________  [ ] Federal Court ______________________

[ ] State Court ______________________  [ ] State Agency ______________________ [ ]

[ ] Local Agency ______________________

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Telephone:</td>
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</tbody>
</table>

**Section VI**

Name of agency complaint is against:

<table>
<thead>
<tr>
<th>Contact person:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature and date required below

______________  __________________
Signature  Date

Please submit this form in person at the address below, or mail this form to:  
Catholic Community Services  
*Attn*: Hollianne Monson, Program Manager  
Volunteer Services  
100 23rd Avenue South  
Seattle, WA  98144