

Title VI / ADA Complaint Form

ElderHomes is committed to ensuring that no person is excluded from participation in or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color or national origin may file a written complaint with ElderHomes' Title VI Manager. A formal complaint must be filed within 180 calendar days of the alleged occurrence in writing and signed by the complainant(s). The following information must be completed by the complainant on the form provided below or must be included in the complainant's statement. If the complainant is unable or incapable of completing the required information in writing, the complainant will be interviewed by the custom communications manager as assigned by the ElderHomes Title VI Manager who will assist the complainant in converting the verbal allegations to writing.

For additional information on ElderHomes' nondiscrimination policies and procedures, or to file a complaint, please visit the website at <http://www.projecthomes.org> or contact Lee Householder, Chief Executive Officer, 88 Carnation Street, Richmond, VA 23225.

Section I:

- Complainant's First Name:
- Physical Street Address:
- Mailing Address if different from physical address:
- Daytime Phone #:
- Cell Phone #: - - -
- Alternate Phone#:
- E-mail Address:

Accessible Format Requirements? Large Print Audio Tape TDD Other

Section II:

Are you filing this complaint on your behalf? Yes* No

*If you answered "yes" to the above 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):

- Race
- Color
- National Origin
- Disability

Date of Alleged Discrimination (MM/DD/YYYY): _____

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? Yes No

If yes, check all that apply:

- Federal Agency:
- Federal Court:
- State Court:
- State Agency:
- 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 are required below.

Signature

Date

Please submit this form in person or mail to:

ElderHomes Corporation dba project:HOMES
88 Carnation Street
Richmond, VA 23225