

## ***Rights Under Title VI***

*Mendota Area Senior Services, Inc. operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.*

*Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact Mendota Area Senior Services, Inc. by any of the methods listed below.*

*Mendota Area Senior Services, Inc.*

*1901 Tom Merwin Drive*

*Mendota, IL 61342*

*815-539-7700*

*800-535-5970*

*815-538-2049*

*[massinc78@yahoo.com](mailto:massinc78@yahoo.com)*

*[www.mendotaareaseniorservices.org](http://www.mendotaareaseniorservices.org)*

If this information is needed in another language, please contact us.

## **Mendota Area Senior Services, Inc.**

### **TITLE VI COMPLAINT FORM**

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know. Please mail or return this form to

Rayanne M. Sester, Executive Director  
Mendota Area Senior Services, Inc.  
1901 Tom Merwin Drive  
Mendota, IL 61342  
Phone: 815-539-7700  
Toll Free: 800-535-5970  
Fax: 815-538-2049  
[massinc78@yahoo.com](mailto:massinc78@yahoo.com)

<b>Name:</b>		
<b>Address:</b>		<b>City:</b>
<b>State:</b>		<b>ZIP:</b>
<b>Telephone:</b>		<b>E-mail:</b>

**Accessible format of Form Needed? Check all that apply**

<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> TDD	<input type="checkbox"/> Other:
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**Are you filling out this complaint on your own behalf?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Name of person filing complaint:</b>
	<b>Address:</b>
	<b>City:</b>
	<b>State:</b>
	<b>ZIP:</b>
	<b>Telephone:</b>
	<b>E-mail:</b>
	<b>Your relationship to this person:</b>
	<b>Have you obtained permission to file on this person's behalf?</b>

**The discrimination alleged was on the basis of (check all that apply)**

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Other:
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**Date of alleged discrimination:**

**Where did alleged discrimination take place?**

**Explain as clearly as possible what happened and why you believe you were discriminated against.** Describe all persons involved, include name and contact information of persons who discriminated against you (if known)

**Please list any and all witness' names and contact information.**

**What type of corrective action would you like to see taken?**

**Have you filed a complaint with any other Federal, State or local agency/court?**

<input type="checkbox"/> Yes (check all that apply)			<input type="checkbox"/> No
<input type="checkbox"/> Fed. Agency:	<input type="checkbox"/> Fed. Court:		
<input type="checkbox"/> State agency:	<input type="checkbox"/> State Court		
<input type="checkbox"/> Local Agency:	<input type="checkbox"/> Local Court		

**Please attach additional documentation as necessary. Sign and date below:**

**X**  
 \_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Printed Name