



Title VI / ADA Complaint Form

This form may be used to file a complaint with Great Springs Project pursuant to Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) of 1990. Complaints must be filed within 180 days of the alleged act of discrimination.

Complainant Information

Personal Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Work Phone (Optional): _____

Email: _____

Person Discriminated Against (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Agency or Department Alleged to Have Been Discriminated

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Basis of Discrimination (check all that apply):

- Race
- Color
- National Origin
- Disability
- Other (specify): _____

Date and Description of Alleged Discrimination

Date of alleged discrimination: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Identify all persons who were involved. Attach additional pages if needed.

Witnesses:

List the names and phone numbers of any witnesses you have who were bystanders to the alleged act of discrimination.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you filed this complaint with any other federal, state, or local agency?

Yes No

If yes, provide agency name and contact information, and the date filed: _____

Please submit this form by mail or email. If you have any questions, comments, or concerns about the complaint filed, please contact us by email. We will get back to you as soon as possible.

Mailing Address:

Great Springs Project

PO BOX 12331 Austin, TX, 78711

Email: info@greatspringsproject.org

210-260-9839

Signature Page

Complainant Signature: _____ Date: _____