RAPPAHANNOCK AREA AGENCY ON AGING d/b/a HEALTHY GENERATIONS AREA AGENCY ON AGING

Title II of the Americans with Disabilities Act of 1973 Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

- **Pleas fill out this form completely and print or type the information.**
- **Sign and return this form to the address shown below.**

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 you own behalf?			Yes*		No
*If you answered "yes" to this question, go to Section III.					
If not, please supply the relationship, name, and information of the person for whom you are complaining					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format Requirements?	Large Print		Audio Tape		
	TDD		Other		
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

460 LENDALL LANE
FREDERICKSBURG, VA 22405
PHONE: (540) 371-3375 FAX: (540) 371-3384
MOBILITY OPTIONS: (540) 656-2985
WWW.HEALTHYGENERATIONS.ORG

Section III:			
Government, organization, or institution which you believe has committed a discriminating act			
Complainant Name:			
Address:			
City, State, and Zip:			
Home Phone:	Cell Phone:		
Email:			
When did the discrimination occur?			
Date:	Time:		
Where did the discrimination occur?			
Location:			
Section IV:			
Describe the acts if discrimination providing names (where possible) of individuals along with details of the incident including the vehicle number (if applicable):			
Section V:			
Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?		Yes	No
If yes, please provide the following information:			
Agency or Court:			
Contact Person:			
Address:			
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