

**LASSEN SENIOR SERVICES**  
**1700 SUNKIST DRIVE**  
**SUSANVILLE, CA 96130**  
**530-257-2113 (Telephone) 530-257-2116 (Facsimile)**

**TITLE V1 COMPLAINT FORM**

**SECTION I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Accessible Format Requirements: Large Print \_\_\_ Audio Tape \_\_\_ TDD \_\_\_ Other \_\_\_\_\_

**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 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

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).

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**SECTION IV**

Have you previously filed a Title VI complaint with this agency?  Yes  No

**SECTION V**

Have you file 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 Agency \_\_\_\_\_

State Court \_\_\_\_\_

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 required below

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Please submit this form in person at the address below, or mail this form to:

Penny Artz  
Executive Director, Title VI Coordinator  
Lassen Senior Services  
1700 Sunkist Drive  
Susanville, CA 96130