



Title VI Complaint Form

The Kirby Senior Center (KSC) is committed to ensuring that no person is excluded from participation in or denied the benefits of or subject to discrimination in the receipt of its services or programs on the basis of race, color, or national origin (limited English proficiency) as protected by Title VI of the Civil Rights Act of 1964, as amended. In addition, KSC prohibits discrimination based on sex, age and disability. Complaints must be filed within 31 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the KSC Executive Director by calling 210-666-5124 or by email at admin@kirbyseniorcenter.com.

Please complete, sign and return this form to:

Kirby Senior Center
Attn: Ms. Kathy Gomez, Executive Director
3211 Alan Shepard Dr.
Kirby, TX 78219

Section I	
Name:	
Address, City, State & Zip Code:	
Telephone (Home):	Telephone (Work):
Email Address:	
Section II	
Person(s) discriminated against (if someone other than the complainant):	
Name(s):	
Address, Cit, State & Zip Code:	
Section III	
I believe the discrimination I experienced was based on (check all that apply)	
[] Race [] Color [] National Origin (limited English proficiency) [] Disability [] Sex [] Age	

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Provide the names and titles of all KSC employees and/or KSC services or programs involved. Explain what happened, whom you believe was responsible and other specific, relevant information. Please attach extra sheets if additional space is required. Additionally, please attach any written material or other information that you think is relevant to your complaint.

Section IV

Have you previously filed a discrimination complaint with this agency? Yes No
If you answered yes, please provide the date you filed the complaint, a summary of the allegations of discrimination contained in your complaint and the disposition or resolution.

Section V

Have you filed this complaint with any other Federal, State, local agency or any Federal or State Court?

Yes No

If yes, check all that apply and name the agency or court

Federal Agency _____ State Agency _____

Federal Court _____ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:
Agency:
Telephone:

I affirm that the above charge and it is true to the best of my knowledge and belief.

X

Complainant's Signature

X

Date

X

Print or Type Name of Complainant

Kirby Senior Center Use Only:	
Date KSC Received: _____	Received by: _____