Title VI and Americans with Disabilities Act
Complaint Form

Please complete and mail, fax, or email this form to LINC. If you need language translation or other assistance, contact LINC.

Title VI & ADA Complaint Officer
Living Independence Network Corporation
1878 West Overland Road
Boise, Idaho 83705
Phone: (208) 335-3335 ext. 211
Fax: (208) 384-5037
Email: lsullivan@lincidaho.org

Complaints can also be hand delivered to LINC’s Twin Falls office at 1182 Eastland Drive North between the hours of 9am and 5pm, Monday through Thursday.

Name: ____________________________________________

Address: _________________________________________ City: ___________ Zip: ___________

Phone: __________________________________________ Email: ______________________________

Type of Complaint:
☐ Title VI of the Civil Rights Act of 1964
☐ Americans with Disabilities Act (ADA)

Basis of Complaint (check all that apply):
☐ Race Color
☐ National Origin
☐ Sex/Gender
☐ Age
☐ Disability (ADA)
☐ Retaliation
☐ Other: __________________________________________

Who discriminated against you?

Name: __________________________________________
Name of Organization: ____________________________________________________________

Address: ___________________________________________ City: __________ Zip: ______

Phone: ___________________________ Email: _________________________________

How were you discriminated against? (Attach additional pages if more space is needed):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Where did the discrimination occur?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Dates and times discrimination occurred?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Were there any other witnesses to the discrimination?

Name: ________________________________________________________________
Name of Organization: ____________________________________________________________

Address: ___________________________________ City: ___________ Zip: ___________

Phone: ____________________________ Email: ____________________________

How would you like to see this situation resolved?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who: ________________________________________________________________

When: ________________________________________________________________

Status (pending, resolved, etc.): ____________________________

Result, if known: _______________________________________________________

Complaint number, if known: ____________________________________________

Do you have an attorney in this matter?

Name: ________________________________________________________________

Address: ___________________________________ City: ___________ Zip: ___________

Phone: ____________________________ Email: ____________________________

Signed: ______________________________________________________________

Date: ________________________________