



## Title IV and Americans with Disabilities Act Complaint Form

Please complete and mail, fax, or email this form to LINC. If you need 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](mailto:lsullivan@lincidaho.org)

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):**

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**Where did the discrimination occur?**

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**Dates and times discrimination occurred?**

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**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: \_\_\_\_\_