Title VI Complaint Form

Southside Senior & Community Center (SSCC)

SSCC does not discriminate in the provision of services on the basis of race, color, or national origin. Any person who believes SSCC has discriminated against them may file a complaint using this form. Complaints must be filed within 180 days of the alleged incident.

For more information about SSCC's commitment to nondiscrimination, or to request this form in an alternative format due to a disability, contact:

SSCC Director
Southside Senior & Community Center
3151 East 27th Avenue, Spokane, WA 99223
Phone: (509) 535-0803 | Email: director@southsidecenter.com

Please type or print clearly

1. Complainant's Name:

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2. Address:

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3. City, State, Zip Code:

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4. Phone Number:

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5. Are you the complainant?
☐ Yes ☐ No

If no, please provide:

Name:

Relationship to Complainant:

Phone:_____ **Email:** _____

Does the complainant know you are filing this complaint? ☐ Yes ☐ No

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6. Which of the following best describes the reason you believe the discrimination took place?

☐ Race
☐ Color
☐ National Origin

7. Please describe the incident in detail (include date, location, individuals involved, and what happened):

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8. Date the alleged discrimination took place:

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9. Describe the alleged discrimination in your own words.
Explain what happened and whom you believe was responsible. Attach additional paper if needed.

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10. Witness Information
Please provide the name, mailing address, and telephone number for anyone who witnessed the alleged discrimination.

Name:

Address:

Phone:

11. Have you filed this complaint with any other agency or court?

☐ **Yes** ☐ **No**

If yes, please provide the name, address, and phone number of the contact person at the other agency/court:

Name & Contact:

Attachments:
You may attach any written materials or other information that you think is relevant to your complaint.

Return the completed form and any additional materials to:

SSCC Director
Southside Senior & Community Center
3151 East 27th Avenue, Spokane, WA 99223
Phone: (509) 535-0803
Email: director@southsidecenter.com

Date: _____

Signature of Complainant or Representative: