



LightHouse for the Blind and Visually Impaired Title VI Compliant Form
Complaints must be filed within 180 days of the alleged act of discrimination.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements? Check all that apply.	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Other
Section II:				
Are you filing this complaint on your own behalf?	<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing this complaint:				
Please explain why you are filing for this person:				
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.		<input type="checkbox"/>	Yes	<input type="checkbox"/>
		<input type="checkbox"/>	No	<input type="checkbox"/>
Section III				
I believe the discrimination I experienced was based on (check all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Race	<input type="checkbox"/>	Color
	<input type="checkbox"/>		<input type="checkbox"/>	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 the names and contact information of any witnesses.

Section IV

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

Have you filed a 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		State Agency
		Federal Court		Local Agency
		State Court		

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

Please sign here: _____

Date: _____

Note: LightHouse cannot accept your complaint without a signature.

Please mail your completed form to:
 LightHouse for the Blind and Visually Impaired
 Attn: Greg Kehret, Director of AIS
 214 Van Ness Avenue
 San Francisco, CA 94102
 FAX: 415/863-7568
 Email: gkehret@lighthouse-sf.org