

ERAs Senior Network operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Executive Director of ERAs Senior Network. The Executive Director of ERAs Senior Network is appointed by the Board of Directors to receive and process all complaints.

For more information on the ERAs Senior Network's civil rights program, and the procedures to file a complaint, or if information is needed in another language, contact the Executive Director at 262-522-2400, email info@ERAsWaukesha.org; or visit our administrative office 210 NW Barstow Street, Waukesha, WI 53188

Section I:				
Your Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	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 complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No

Section III:

I believe the discrimination I experienced was based on (check all that apply): Race Color 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 names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV		
Have you previously filed a Title VI complaint with ERAs Senior Network?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
If yes, check all that apply: <input type="checkbox"/> Federal Agency; <input type="checkbox"/> Federal Court; <input type="checkbox"/> State Agency; <input type="checkbox"/> State Court; <input type="checkbox"/> Local Agency		
Please provide information about a contact person at the agency/court where the previous complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint. Please forward additional information with this document to:

Executive Director
ERAs Senior Network
210 NW Barstow Street, Suite 101
Waukesha, WI 53188-3771

Sincerely,

Kathleen S. Gale
Executive Director
ERAs Senior Network