



ADA and Title VI Civil Rights Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Please visit our website at www.spiritrustlutheran.org or call 717.854.3971 to obtain a copy of our policy as it relates to Title VI of the Civil Rights Act.

If you feel Spiritrust Lutheran has discriminated against you, please print, complete, sign and date this form. Return the form and any supporting documentation by:

Mail	Email	Confidential Fax
Spiritrust Lutheran® Attn: Melissa Widener, VP of Human Resources 1050 Pennsylvania Avenue York, PA 17404	mwidener@spiritrustlutheran.org	717.854.2635

Please print clearly.

Section 1

Name of Complainant: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Accessible Format Requirements: Large Print | TDD | Audio Tape | Other

Section 2

Are you filing this complaint on your own behalf? Yes No

If you answered “yes” to this question, please go to Section 3.

If you answered “no,” please describe your relationship to the person (*complainant*) for whom you are filing and why you are filing for a third party:

Have you obtained permission of the aggrieved party (complainant) to file this complaint on his or her behalf? Yes No

Section 3

Date of Incident: _____

If applicable, name of person(s) who allegedly discriminated against you or the complainant:

Discrimination based on (please check all that apply):

- Race ** Color** Age National Origin ** Disability

*** Indicates complaint is specific to Title VI of the Civil Rights Act of 1964*

Please provide a brief explanation of the incident, including where it happened and how you feel you were discriminated against, including how you feel others may have been treated differently than you were treated. Please describe all persons involved. Include the name and contact information of the person(s) who you believe discriminated you (if known). If more space is needed, please use the back of this form.

Please list addresses and phone numbers of all witnesses’ names or others we can contact to support or clarify your complaint.

Name	Phone #	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any documents to support the allegation? Yes No

If yes, please attach the documents to this form.

Section 4

Have you previously filed an ADA or Title VI complaint with SpiriTrust Lutheran? Yes No

If yes, please provide date of incident: _____

Section 5

Have you filed an ADA or Title VI complaint with any other federal, state or local agency or any federal or state court? Yes No

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: _____

Title: _____

Agency: _____

Address: _____

Phone Number: _____

Section 6

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

Complainant Signature: _____

Printed Name of Complainant: _____

Date of Filing: _____

Please Note: SpiriTrust Lutheran® cannot accept your complaint without a signature.

Last Update: 10-23-23