

TITLE VI/ADA COMPLAINT LOG

Reporting Year

Name		
Address	State	Zip Code

Status of Complainant:

Race	Color	National Origin	Sex	Age	Disability	Income Status
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Nature of Complaint (If you need more space please attach additional sheets)
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Recipient (Processor of Complaint)

Date Filed	Date Investigation Completed	Date of Disposition
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Disposition (If you need more space please attach additional sheets)
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