

**Presa Community Center
Title VI of the Americans with Disabilities Act of 1964
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in ink or type. Sign and return to the address at the bottom of the form.

Presa Community Center is committed to ensuring that no person is excluded from participation in or denied the benefits of or subject to discrimination in the receipt of its services or programs on the basis of race, color or national origin (limited English proficiency) as protected by Title VI of the Civil Rights Acts of 1964, as amended. In addition, Presa prohibits discrimination based on sex, age and disability. Complaints must be filed in writing within 30 days from the date of the alleged discrimination. If you require any assistance in completing this form, please contact Mr. Gilbert Rodriguez at 210-532-5295 ext.222, or grodriquez@presa.org.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Main Number: _____ Alternate Number: _____

Person Discriminated Against:
(if other than the complainant) _____

Address: _____

City, State, and Zip Code: _____

Telephone: Main Number: _____ Alternate Number: _____

When did the incident occur? Date: _____

Describe the incident in detail including the name(s), if known, of all individuals involved, location, time, setting. (use additional pages if necessary)

Signature: _____

Date: _____

Return to:

Presa Community Center
Attention: Mr. Gilbert Rodriguez, Mobility Manager
3721 S. Presa St.
San Antonio, TX 78210
last updated May 7, 2012