

Iredell County Council on Aging, Inc.

ADA / Title VI Complaint Form

(Adopted June 18, 2025)

This form is used to document complaints of discrimination related to disability (ADA) or civil rights (Title VI) under programs operated or funded by the Iredell County Council on Aging (ICOA).

Complainant Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Nature of Complaint (check all that apply):

Disability / ADA Race Color National Origin Age Sex Other:

Date of Incident: _____

Program / Service Involved: _____

Description of Incident:

Person(s) Involved (if known):

Desired Resolution:

Signature of Complainant: _____ Date: _____

Return completed form to:

Title VI / ADA Coordinator

Iredell County Council on Aging, Inc.

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