

## Iredell County Council on Aging, Inc.

### ADA / Title VI Complaint Form

(Adopted June 18, 2025)

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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:

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Person(s) Involved (if known):

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Desired Resolution:

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Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

Title VI / ADA Coordinator

Iredell County Council on Aging, Inc.

344 East Front Street | Statesville, NC 28677

(704) 873-5171 | [www.iredellcoa.org](http://www.iredellcoa.org)

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