

## Title VI Complaint Form - AbleLink Smart Living Technologies LLC (AbleLink)

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." If you feel you have been discriminated against by AbleLink, please provide the following information in order to assist us in processing your complaint and send it to:

**AbleLink Smart Living Technologies LLC**  
**6745 Rangewood Dr.**  
**Colorado Springs, CO 80918**  
Phone # (719-592-0347)

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (message)

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_ race or color \_\_\_\_\_ national origin \_\_\_\_\_ income \_\_\_\_\_ other

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it:

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Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Local Coordinator at:

**AbleLink Smart Living Technologies LLC**  
**Attention: Local Title VI Coordinator**  
**6745 Rangewood Dr.**  
**Colorado Springs, CO 80918**

Your signature \_\_\_\_\_

Print your name \_\_\_\_\_ Date: \_\_\_\_\_