

Section 5: Title VI Complaint Form

Assisted Care Facility Title VI Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-Mail Address:			
Accessi- ble Format Require- ments?	Larg e Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
Section III:			

I believe the discrimination I experienced was based on (check all that apply):

Title VI: **Race** **Color** **National Origin**

Other (specify):

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Civil Rights related complaint with this agency?

Ye
s

No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____

State Court _____

State Agency _____

Local Agency _____

If marked Yes in Section V, please provide information about a contact person at the agency/court where the complaint was filed.

Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Assisted Care Facility
Brandy Gillies, Title VI Coordinator
 15 Lash Street
 Baggs, WY 82321
 (307) 380-8338
acfbaggs@gmail.com