

Scheben Care Center Title VI Complaint Form

"No person in the United States shall, on the grounds 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 that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please return this form to:
 Lisa West, CNE, Executive Director
 The Bill & Betsy Scheben Care Center
 31 Spiral Drive
 Florence, Ky 41042
 Fax: 859-525-1128
 Email: lwest@csadultday.org

Including Email and Fax number

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code		Telephone Number (Work)
()		()
d. E-Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (please specify):		
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7		
<input type="checkbox"/> No If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code		Telephone Number (Work)
()		()
e. E-Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply)		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)		
<input type="checkbox"/> Other (please specify)		
8. Date of Alleged Discrimination (Month, Day, Year):		



**Attachment B
Title VI Complaint Form and Procedures**

9. Where did the Alleged Discrimination take place?	
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>	
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>	
12. What type of corrective action would you like to see taken?	
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No a. <input type="checkbox"/> Federal Agency (List agency's name) b. <input type="checkbox"/> Federal Court (Please provide location) c. <input type="checkbox"/> State Court d. <input type="checkbox"/> State Agency (Specify Agency) e. <input type="checkbox"/> County Court (Specify Court and County) f. <input type="checkbox"/> Local Agency (Specify Agency)	
14. Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	Title:
Agency:	Telephone ()
Address:	
City:	State: Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature _____ Date _____

If you completed Questions 4, 5 and 6, your signature and date is required

Signature _____ Date _____

