Title VI Complaint Form (English)

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	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			Yes	No	
party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[]Race []Cc	olor [] National Orig		rigin [] Age		
[] Disability [] Fa	[] Family or Religious Status [] Other (explain)				
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.					
Have you previously filed a Title VI complaint with this agency?			Yes	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 Agency			
[] State Court	[] Local Agency			
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:

South County Mental Health Center Title VI Liaison 16158 S. Military Trail Delray Beach, FL 33484

The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold of 5% or 1,000 person criteria (See Section 7.1 Overview – Safe Harbor Threshold).