



Colonial Behavioral Health Title VI Complaint Form

Section I

Name:

Address:

Telephone (Home/Cell):

Telephone (Work):

Email Address:

Accessible Format Large Print

Audio

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, provide 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):

Race

Color

National Origin

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 the names and contact information of any witnesses. If more space is needed, use the back of this form.

Section IV

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:		
Federal Agency:	State Agency:	
Federal Court:	Local Agency:	
State Court:		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone number:		
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	