

Westy Community Care Home, Inc

Transportation Services

Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the Westy Community Care Home Transportation Service. You are not required to use this form, a letter containing the same information will be sufficient.

Section I				
Name:				
Address:				
Telephone (home):			Telephone (work):	
E-mail address:				
Accessible Format Requirement:	Large Print	TDD	Audio Tape	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 relation of the person for whom this complaint is for:		
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 (checking 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 person(s) 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, please attach additional pages:

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?

Yes 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:

Telephone:

Section VI

The 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 Mail this form to the address below:

Daisy Stevenson, Transportation Manager

Westy Community Care Home Inc.

105 North Hwy 99

Westmoreland, KS 66549