

Section I:

Name: _____

Address: _____

Telephone (Home): (____) _____ Telephone (Work): (____) _____

Electronic Mail Address: _____

Accessible Format Requirements? Large 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):

Race Color National Origin Disability

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 Title VI complaint with this agency? Yes No

If yes, please provide any reference information regarding your previous complaint. _____

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: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): (____) _____

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

Your signature and date are required below

Signature _____ Date ____ / ____ / _____

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

Wellness Connections
Title VI Coordinator
P.O. Box 2648
Sierra Vista, AZ 85635
(520) 452 – 0080
admin@wellness-connections.org