
Title VI Complaint Form

INSTRUCTIONS TO COMPLAINANT: If you believe that you or someone you know have been discriminated against by Neighborly Care Network, Inc. in the provision of services on the basis of race, color, national origin, sex, age, disability, income-level, or limited English proficiency, please complete and submit this form by email or mail to:

By email: Transportation@neighborly.org

By mail: **Title VI Transportation Director**
Neighborly Care Network, Inc.
5225 Tech Data Drive, Suite #102
Clearwater, Florida 33760-3133

Complainant's Information

1. Name of Complainant: (first, middle, last) _____
2. Complainant's address: (number and street, state, city, and zip code)

3. Complainant's phone number: _____ Email: _____
4. Name of person/department you believe discriminated against you: _____
5. Location of alleged incident: (number and street, state, city, and zip code)

6. Date and time alleged incident occurred: (month, day, year) _____
7. The basis of the complaint (race, color, national origin, sex, age, disability, income-level, or limited English proficiency):
8. Written explanation of the alleged discriminatory act (Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act, the date when you became aware of the alleged discrimination, or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.) Use additional pages, if necessary, and attach them to this document.

Signature of Complainant/Representative

Date

(Note: We cannot accept your complaint without a signature)