Section 5: Title VI Complaint Form

The **Riverview Adult Day Health Center** Title VI Complaint Procedure is made available in the following locations:

☒ Agency website, if available: **www.radhc.org**
☒ Hard copy in the central office
☒ Agency Title VI Plan

Section I:				
Name:				
Address:				
Telephone (Home):		**Telephone (Work):**		
Email 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 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	
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

If information is needed in another language, contact XXX-XXX-XXXX.

Please submit this form to:

Riverview Adult Day Health Center
2715 E Jackson BLVD, Elkhart, IN 46516
574-293-6886
bookkeeper@radhc.org