

Title VI Complaint Form

Section I	
Name:	
Address:	
Phone (Home or Cell):	Phone (Work):
E-mail:	
Section II	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> 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 submitting a complaint:	
Please explain why you have filed for a third party: _____	
Please confirm that you obtained the permission of the aggrieved party if you are filing on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race	<input type="checkbox"/> Color <input type="checkbox"/> National Origin
Date of Alleged Discrimination (MM/DD/YYYY): _____	
Explain as clearly as possible what happened and why you believe you were the target of discrimination. 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 and specify 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: _____
Phone: _____
E-mail: _____

Section VI

Name of agency complaint is against: _____
Contact person: _____
Title: _____
Phone: _____
E-mail: _____

Attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature Date

Please submit this form in person, by mail, or via e-mail using the contact information below:

Bobby Armstead
West Alabama Health Services, INC.
500 East Washington Street
Demopolis, Alabama 36732
boss_trn@bellsouth.net