Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCRMHB/WAY TO GO CT TITLE VI COMPLAINT FORM

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require Larger print? TDD? Other?

Are you filing this complaint for yourself or someone else?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you assisting this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you obtained the permission from that person to file a complaint?

Yes\_\_\_ No\_\_\_

I believe the discrimination I experienced was based on:

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 everyone involved and include name and contact information if known, as well as names and contact information of any witnesses.

|  |
| --- |
|  |
|  |
|  |
|  |

Have you previously filed a Title VI complaint w/ this agency? Yes\_\_\_\_\_ No\_\_\_\_

Have you filed this complaint w/ any other Federal, State or local agency? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, which one?

Please provide contact information for the agency where the complaint was filed.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agency complaint is against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and date required below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form to the address below:

Marcia Dufore

North Central Regional Mental Health Board, Inc.

151 New Park Ave Suite 14A

Hartford CT 06106

**If information is needed in another language, contact 860-667-6388.**

Si necesita información en otro idioma, comuníquese al 860-667-6388.

Jeśli informacje są potrzebne w innym języku, skontaktuj się z 860-667-6388.

Si l'information est nécessaire dans une autre langue, contactez 860-667-6388.

Se le informazioni sono necessarie in un'altra lingua, contattare 860-667-6388.

Se for necessária informação noutro idioma, contacte 860-667-6388.

如果需要其他语言的信息，请联系860-667-6388。

अगर किसी अन्य भाषा में जानकारी की आवश्यकता है, तो 860-667-6388 से संपर्क करें।

إذا كانت المعلومات مطلوبة بلغة أخرى ، اتصل بـ 860-667-6388.

Если информация необходима на другом языке, обратитесь в

службу поддержки 860-667-6388.

Nếu thông tin là cần thiết bằng ngôn ngữ khác, hãy liên hệ 860-667-6388.

Ако су информације потребне на другом језику,

онтактирајте 860-667-6388.

જો માહિતી બીજી ભાષામાં જરૂરી હોય તો, 860-667-6388 નો સંપર્ક કરો.

اگر کسی دوسری زبان میں معلومات کی ضرورت ہو تو، 860-667-6388 سے رابطہ کریں.

Wenn Informationen in einer anderen Sprache benötigt werden, wenden Sie sich an 860-667-6388.

Εάν χρειάζεστε πληροφορίες σε άλλη γλώσσα, επικοινωνήστε με

τη διεύθυνση 860-667-6388.

Si enfòmasyon yo bezwen nan yon lòt lang, kontakte 860-667-6388.

다른 언어로 정보가 필요하면 860-667-6388 번으로 연락하십시오.

ຖ້າຕ້ອງການຂໍ້ມູນໃນພາສາອື່ນ, ຕິດຕໍ່ 860-667-6388.