



**Title VI / ADA Complementary Paratransit Complaint Form**

The purpose of this form is to assist you in filing a complaint with Bert Nash CMHC. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Bert Nash’s Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Amy Finkeldei, ADA Compliance Officer (785) 830-1796 or afinkeldei@bertnash.org.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
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	<input type="checkbox"/>	
Age				
<input type="checkbox"/> Disability	<input type="checkbox"/> Other (specify) _____			
Date of Alleged Discrimination (Month, Day, Year): _____				
Time of Day: _____				
Location: _____				
<i>(Continued on next page)</i>				



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 attach additional pages.

Witness(es):  YES  NO

List Witness(es): <i>(Attach a separate sheet, if necessary)</i>
(1) Name:
Phone Number: ( )
(2) Name:
Phone Number: ( )
(3) Name:
Phone Number: ( )
(4) Name:
Phone Number: ( )

NOTES:



**Section IV**

Have you previously filed a Title VI complaint with this agency?	Yes	No
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**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 \_\_\_\_\_

Please submit this form in person at the address below, or mail this form to:  
Bert Nash Community Mental Health Center  
Attention: Amy Finkeldei, ADA Compliance Officer  
200 Maine Street Suite A  
Lawrence, KS 66044



**INTERNAL USE ONLY**

*To be completed by Title VI Compliance Officer*

Accepted for formal Investigation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Referred to another department on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Rejected \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for Rejection:

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

\_\_\_\_\_  
Amy Finkeldei, Title VI Compliance Officer

\_\_\_\_\_  
Date