Willows Way Title VI Complaint Form

"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Chief Program Officer | Gabrielle Miller
Willows Way, Inc.
800 Friedens Rd, St. Charles, MO 63303
gabriellem@willowsway.org | (636) 757-0501

PLEASE PRINT

1. Complainant's Name: _____
   a. Address: _____
   b. City: _____ State: _____ Zip Code: _____
   c. Telephone (include area code): ☐ Home or ☐ Cell (____) _____-_____
      Work (____) _____-_____
   d. Electronic mail (e-mail) address: _____@_____
      Do you prefer to be contacted by this email address? ☐ Yes ☐ No
2. Accessible Format of Form Needed? ☐ No ☐ Yes, specify: _____
3. Are you filing this complaint on your own behalf?
   ☐ Yes (If YES, please go to question 7)
   ☐ No (If NO, please go to question 4)
4. If you answered NO to question 3 above, please provide your name and address.
   a. Name of person filing complaint: _____
   b. Address: _____
   c. City: _____ State: _____ Zip Code: _____
   d. Telephone (include area code): ☐ Home or ☐ Cell (____) _____-_____
      Work (____) _____-_____

e. Electronic mail (e-mail) address: _____@_____

Do you prefer to be contacted by this email address? ☐ Yes ☐ No

5. What is your relationship to the person for whom you are filing the complaint?

_____

6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

☐ YES, I have permission ☐ NO, I do not have permission

7. I believe the discrimination I experienced was based on (check all that apply):

☐ Race ☐ Color ☐ National Origin (classes protected by Title VI)

☐ Disability (class protected by ADA)

☐ Other (please specify): _____

8. Date of Alleged Discrimination: Month: _____ Day: _____ Year: _____
9. Where did the Alleged Discrimination take place? _____
10. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information.

Use back of this form or separate pages if additional space is required.

12. What type of corrective action would you like to see taken?

13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ No ☐ Yes (check all that apply:)

☐ Federal Agency (list agency name): _____

☐ Federal Court (provide location): _____

☐ State Court

☐ State Agency (specify agency): _____

☐ County Court (specify court and county): _____

☐ Local Agency (specify agency): _____

14. If YES to question 13 above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____Telephone: (____) _____-_____

Address:_____

City: _____ State: _____ Zip Code: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

_____ _____

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required:

_____ _____

Signature Date