

Title VI Complaint Form - English

Any person who believes that he or she has been discriminated against by Foothills Caring Corps, Inc. or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Foothills Caring Corps, Inc.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request.

You can reach Foothills Caring Corps, Inc.'s Executive Director and Title VI Coordinator, Brent Downs, at 480-488-1105 or via email at: Brentd@foothillscaringcorps.com.

Section 1: Complainant Information

First Name:

Last Name:

Address (Street):

City:

State:

Zip:

Telephone (Home):

Telephone (Cell):

Email Address:

Preferred method of contact

Mail

Phone

Email

Section 2: Incident Information

Date of Incident:

Time of Incident:

AM

PM

Incident Location:

Name of agency complaint is against:

Name of person complaint is against:

Description of person complaint is against:

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

Race

Color

National Origin

Other: _____

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 or attach additional pages.

Section 3: Filing with FTA

Have you filed this complaint with the Federal Transit Administration (FTA)? Yes No

If yes, please provide information about a contact person at the FTA where the complaint was filed:

Name: _____ Title: _____
 Address: _____ Phone: _____

Section 4: Other filings

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

If yes, please provide any reference information regarding your previous complaint.

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

 Signature _____ Date

Please submit this form in one of two ways:	
In person:	By mail:
Foothills Caring Corps, Inc., Brent Downs, Executive Director 7275 E. Easy Street, Suite B-103 Carefree, AZ 85377	Foothills Caring Corps, Inc., Brent Downs, Executive Director PO Box 831 Carefree, AZ 85377

Phone: (480) 488-1105 Email: Brentd@foothillscaringcorps.com

A copy of this form can be found at: www.foothillscaringcorps.com/contact/title-vi-notices/