

Title VI Complaint Form

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

| Section I | | | | |
|---|-------------|--|-----------------|----|
| Name: | | | | |
| Address: | | | | |
| Home Telephone: | | | Work Telephone: | |
| E-Mail Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| Section II | | | | |
| Are you filing this complaint on your 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 |
| 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 (Month, Day, Year): | | | | |
| 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. | | | | |

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|--------------------------------------|
| 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:

Arrowhead West, Inc.
ATTN: Human Resource Manager
1100 East Wyatt Earp Boulevard
Dodge City, KS 67801