

Discrimination Complaint Form Title VI and ADA

Section I:			
Name:			
Address:			
Phone Number:			
Section II:			
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 provide the name and relationship of the person for whom you are complaining:			
Please explain why you are filing the complaint for the person:			
Please confirm that you have obtained permission to file on behalf of the other person:	☐ Yes	□ No	
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
□ Race □ Color □ National Origin □ Disability □ Other Date of Alleged Discrimination: □ In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (name, title, location). □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
Section IV:			
Have you previously filed a discrimination complaint with Ridgeview? If yes, please provide any reference information regarding your	☐ Yes previous compla	□ No aint.	

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:		
If yes, please provide information about a contact person at the agency/court where the		
complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Phone Number:		
Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your Title VI complaint.		
Signature Date		

Please submit this form in person or mail this form to the address below:

Ridgeview Behavioral Health Services Director of Quality and Compliance/Title VI Coordinator 240 W. Tyrone Rd, Oak Ridge, TN 37830 865-276-3896 compliance@ridgeview.com

This form can be found online at www.ridgeview.com.