



## Title VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Phone Number:				
<b>Section II:</b>				
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
<i>*If you answered "Yes" to this question, go to <b>Section III</b>.</i>				
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:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/> Disability	<input type="checkbox"/> 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).				
_____				
_____				
_____				
_____				
_____				
<b>Section IV:</b>				
Have you previously filed a discrimination complaint with Ridgeview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide any reference information regarding your previous complaint.				
_____				
_____				
<b>Section V:</b>				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes			<input type="checkbox"/> No	

If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> State Court: _____	
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](http://www.ridgeview.com).