

ATTACHMENT D

Lake of the Ozarks Developmental Center 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:

**Jennifer Campbell, Executive Director
Lake of the Ozarks Developmental Center
PO Box 753 Camdenton, MO 65020
Phone: 573-346-4574 Fax: 573-346-7426
Email: lodc_campbell@sbcglobal.net**

1	Complainant's Name:
a.	Address:
b.	City: _____ State: _____ Zip Code: _____
c.	Telephone (including area code) Home () or Cell () () - () -
d.	Electronic Mail (email) address: Do you prefer to be contacted by this email address () YES () NO
2	Accessible Format of Form Needed: () YES Specify _____ () NO
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 (including area code) Home () or Cell () () - () -
e.	Electronic Mail (email) address: Do you prefer to be contacted by this email address () YES () NO
5	What is the relationship to the person for whom you are filling the complaint form? ?
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 that the discrimination I experienced was based on (check all that apply) () Race () Color () National Origin (classes protected by Title VI) () Other (please specify)
8	Date of Alleged Discrimination (Month, Date, Year):
9	Where did the Alleged Discrimination take place?
10	Explain what happened and why you believe that you were discriminated against.

<p>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 the back of this form or separate pages if additional space is required.</p>	
<p>11 Please list any and all witnesses' names and contact information. Use the back of this form or separate pages if additional space is required.</p>	
<p>12 What type of corrective action would you like to see taken?</p>	
<p>13 Have you filed a complaint with any other Federal, State, or Local Agency, or with any Federal or State Courts? ()YES If yes, check all that apply () NO</p>	
<p>a. () Federal Agency (List Agency's Name)</p>	
<p>b. () Federal Court (Please provide location)</p>	
<p>c. () State Court</p>	
<p>d. () State Agency (Specify Agency)</p>	
<p>e. () County Court (Specify Court & County)</p>	
<p>f. () Local Agency (Specify Agency)</p>	
<p>14 If YES to quest 13 above , please provide information about a contact person at that agency/court where the complaint was filed.</p>	
Name:	Title:
Agency:	Telephone:
Address:	
City:	State: Zip Code:
<p>You may attach any written materials or other information that you think is relevant to your complaint.</p>	
<p>Signature and date is required</p>	
<p>_____</p>	
Signature	Date
<p>If you completed questions 4,5, and 6, your signature and date is required:</p>	
<p>_____</p>	
Signature	Date