

## Heartspring Title VI / ADA Complementary Paratransit Complaint Form

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

For questions about Heartspring's Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Moniqueka Holloway, Chief Compliance Officer, 316-634-8763 or [mholloway@heartspring.org](mailto:mholloway@heartspring.org)

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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 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
<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"/> Age				
<input type="checkbox"/> Disability <input type="checkbox"/> Other (specify) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Time of Day: _____				
Location: _____				
(Continued on next page)				
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 attach additional pages.

Witness(es): ☐ YES ☐ NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: (     )

(2) Name:

Phone Number: (     )

(3) Name:

Phone Number: (     )

(4) Name:

Phone Number: (     )

*(Continued on next page)*

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
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"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
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:

Moniqueka Holloway  
 Chief Compliance Officer  
 8700 E. 29<sup>th</sup> St. N.  
 Wichita, Ks 67226

**INTERNAL USE ONLY**

*To be completed by Chief Compliance Officer*

Accepted for formal Investigation \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred to another department on \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Rejection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Moniqueka Holloway, Chief Compliance Officer

\_\_\_\_\_

Date