# BREVARD ALZHEIMER'S FOUNDATION, INC.

## TITLE VI COMPLAINT FORM

Brevard Alzheimer's Foundation, Inc. (BAFI) is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity receiving Federal financial assistance on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act of 1964.

This form may be used to file a complaint with BAFI if you believe you have been subjected to discrimination.

### SECTION 1 – COMPLAINANT INFORMATION

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **ZIP Code:**

_____

**Telephone Number:**

_____

**Email Address:**

_____

**Preferred Method of Contact:** ☐ Telephone ☐ Email ☐ Mail ☐ Other: _____

**If another person is completing this form on your behalf, please provide:**

**Name:** _____

**Relationship to Complainant:**

_____

**Telephone Number:**

_____

**Email Address:**

_____

### SECTION 2 – PERSON(S) ALLEGED TO HAVE DISCRIMINATED

Please provide the name(s), title(s), or other identifying information for the person(s) involved, if known.

**Name/Title:**

_____

**Department/Program:**

_____

**Additional Person(s), if applicable:**

_____

### SECTION 3 – BASIS OF COMPLAINT

**I believe that I was discriminated against based on:**

☐ Race ☐ Color ☐ National Origin ☐ Other: _____

### SECTION 4 – DATE AND LOCATION OF ALLEGED DISCRIMINATION

**Date(s) of Incident:**

_____

**Time of Incident, if known:**

_____

**Location of Incident:**

_____

**BAFI Program or Service Involved:**

☐ Transportation ☐ Adult Day Care ☐ Nutrition or Food Assistance

☐ Case Management ☐ Other: _____

## SECTION 5 – DESCRIPTION OF COMPLAINT

Please describe what happened and why you believe you were discriminated against. Include the names of individuals involved, witnesses, dates, locations, and any other information that may help BAFI investigate your complaint. Please attach additional pages if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

## SECTION 6 – WITNESSES

Please list the names and contact information of any persons who may have witnessed the incident or have information regarding your complaint.

**Name:** _____

**Telephone/Email:**

_____

**Name:** _____

**Telephone/Email:**

_____

**Name:** _____

**Telephone/Email:**

_____

## SECTION 7 – PRIOR COMPLAINTS

**Have you previously filed this complaint with another agency or organization?** ☐ Yes ☐ No

**If yes, please identify the agency or organization:**

_____

**Date Filed:**

_____

**Name of Contact Person, if known:**

_____

**Status or Outcome, if known:**

_____

## SECTION 8 – SUPPORTING DOCUMENTS

Please identify and attach any documents or other materials that support your complaint, including correspondence, photographs, reports, or other relevant information.

_____

_____

## CERTIFICATION

I certify that the information provided in this complaint is true and correct to the best of my knowledge and belief.

**Complainant Signature:**

_____

**Date:** _____

**Signature of Parent/Guardian, if applicable:**

_____

**Date:** _____

## SUBMISSION OF COMPLAINT

Please submit this completed form to:

**Brevard Alzheimer's Foundation, Inc.**
**Title VI Coordinator, Russell Sell**
4676 N. Wickham Rd
Melbourne, FL 32935
Telephone: 321-253-4430
Email: rsell@brevardalz.org
Complaints may also be submitted in writing or verbally. Reasonable accommodations and language assistance will be provided upon request.

## FOR BAFI USE ONLY

| | |
|---|---|
| **Date Complaint Received:** | |
| **Received By:** | |
| **Method Received:** | ☐ Mail ☐ Email ☐ Telephone ☐ In Person ☐ Other |
| **Complaint Number:** | |
| **Date Acknowledgment Sent:** | |
| **Investigator Assigned:** | |
| **Investigation Completion Date:** | |
| **Disposition:** | ☐ Substantiated ☐ Unsubstantiated ☐ Resolved Informally<br>☐ Referred to Another Agency ☐ Other |
| **Date Complainant Notified:** | |
| **Final Action/Comments:** | |
| **Title VI Coordinator Signature:** | |
| **Date:** | |