

Horizons Specialized Services, Inc.

Title VI Civil Rights Complaint Form

Instructions: To submit a Title VI complaint to Horizons, please print and complete the following form, sign and return to: Horizons, Attention: Executive Director-Title VI Coordinator, P.O. Box 774867, Steamboat Springs, CO 80477. For questions or a full copy of Horizons' Title VI policy and complaint procedures, please submit a written request to the above address, call (970) 879-4466 or e-mail smizen@horizonsnwc.org

Section I:

1. Name (Complainant):	
3. Home Address (Street No., City, State, Zip)	
3. Phone:	4. Email Address:
5. Accessible format requirements? (please check preference)	
<input type="checkbox"/> Large Print	
<input type="checkbox"/> Other (please indicate)	

Section II:

6. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "yes" to this question, please go to Section III .)
7. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:
8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section III:

9. Have you previously filed a Title VI complaint with Horizons? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you filed this complaint with any other federal, state, or local agencies or with any federal or state court? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. If "yes," please 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
12. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:
<u>Agency/Court:</u> <u>Contact Name:</u> <u>Address:</u> <u>Phone Number:</u>

Section IV:

13. Date of Incident:

14. If applicable, name of person(s) who allegedly discriminated against you:

15. Discrimination based on (please check all that apply): Race Color National Origin

16. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

17. Why do you believe this event occurred?

19. How can this issue be resolved to your satisfaction?

20. Please list any person(s)/ we may contact for additional information to support or clarify your complaint:

Name:

Address:

Phone Number:

Section V:

Signature:

Date of filing:

Please note: Horizons cannot accept your complaint without a signature.

Please mail your completed form to:

Executive Director-Title VI Coordinator
Horizons
P.O. Box 774867
Steamboat Springs, CO 80477