

**BCI**  
**TITLE VI COMPLAINT FORM**

BCI hereby gives public notice of its policy to uphold and assure full voluntary compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all related statutes. Title VI statutes prohibit discrimination and require that no person in the United States of America shall, on the grounds of race, sex, color, age, national origin or language, disability, or socioeconomic status be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal assistance, such as the vehicle grants we receive for transportation services for our clients from MoDOT.

It is the policy of the BCI to abide by all United States and Missouri State laws, Department of Mental Health –Division of Developmental Disabilities requirements applicable to discrimination and harassment. In accordance with those laws and policies, all staff of BCI will be responsible for maintaining an environment inclusive of its public services, programs and activities that is free of discrimination and harassment, including Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all related statutes.

Any person who believes they have been aggrieved by a Title VI violation has a right to file a formal complaint with BCI, Title VI/Civil Rights Coordinator, 200 Trade Center Drive, St. Peters, Missouri, 63376 or call 636-875-5262. Any such complaint must be in writing and submitted within one hundred eighty (180) days following the date of the alleged occurrence.

Information regarding civil rights complaints, including procedures for filing a complaint is made available to members of the public upon request by contacting: Title VI/Civil Rights Coordinator, 200 Trade Center Drive, St. Peters, Missouri, 63376 or call 636-875-5262.

Fax: 636-978-4343

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
d. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail 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:	Zipcode:
d. Telephone (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
e. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
5. What is your relationship to the person for whom you are filing the complaint?		
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)		

Continued

TITLE VI COMPLAINT FORM – PAGE 2

8. Date of Alleged Discrimination (Month, Day, Year):		
9. Where did the Alleged Discrimination take place?		
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>		
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>		
12. What type of corrective action would you like to see taken?		
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO a. ( ) Federal Agency (List agency's name) b. ( ) Federal Court (Please provide location) c. ( ) State Court d. ( ) State Agency (Specify Agency) e. ( ) County Court (Specify Court and County) f. ( ) Local Agency (Specify Agency)		
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone: ( ) -	
Address:		
City:	State:	Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you completed Questions 4, 5 and 6, your signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date