

Section 5: Title VI Complaint Form

Southern NH Service's Title VI Complaint Procedure is made available in the following locations:

- Agency website, if available: snhs.org
- Hard copy in the central office
- Agency Title VI Plan

Southern NH Services Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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

Section III:

I believe the discrimination I experienced was based on (check all that apply):

Title VI: Race Color National Origin

Other (specify): _____

Date of Alleged Discrimination (Month, Day, Year): _____

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 use the back of this form.

Section IV

Have you previously filed a Civil Rights related complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____ State Agency _____

State Court _____ Local Agency _____

If marked Yes in Section V, 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:

**Southern NH Services
 Deb Stohrer
 40 Pine Street
 Manchester, NH 03103
 (603) 668-8010
 Dstohrer@snhs.org**