

**BOOTHEEL COUNSELING SERVICES
POLICY & PROCEDURE**

Title VI Notice

Date: updated 8.2.23

Policy#: 2A-108

POLICY:

Bootheel Counseling Services operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.


If you believe you have been discriminated against on the basis of race, color, or national origin, or if you would like more information on the Bootheel Counseling Services' Title VI program, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form or contact Bootheel Counseling Services at 573-471-0800.

How to file a Title VI complaint with Bootheel Counseling Services:

1. ADA complaint forms may be obtained from the Bootheel Counseling Services website and at the front office of each BCS location. In order to file a complaint on you must fill out the complaint form and place it in the comments/suggestion box located at the front window of each Bootheel Counseling Services location. Complaint forms may also be mailed to Bootheel Counseling Services, 760 Plantation Blvd, Sikeston, MO 63801.
2. In addition to the complaint process at Bootheel Counseling Services, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, 901 Locust Street, Kansas City, MO 64106 or by calling 816-329-3920.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated and include your contact information.

If information is needed in another language, contact 573-471-0800.

Approved:



David Terrell, MSW, LCSW, CCDP-D
Executive Director
Bootheel Counseling Services, Inc.

8-2-23

Date

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 13 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

12/10/13