

### Notice to Public and Complaint Procedure in English

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by **Henderson Behavioral Health** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Complaints can also be submitted by completing the form and mailing for delivering to the Title VI coordinator. Henderson Behavioral Health investigates complaints received no more than 180 days after the alleged incident. Henderson Behavioral Health will only process complaints that are complete. To be considered complete, complainants must, at a minimum, include their name, contact information, date of alleged incident, and a description of the incident.

Once the complaint is received, the complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Henderson Behavioral Health has ninety (90) days to investigate the Title VI complaint. If more information is needed to resolve the case, Henderson Behavioral Health may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, Henderson Behavioral Health can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedures and forms will be made available to the public through the posting at each service location and provided to clients in the orientation packet provided to them when they began services at Henderson. The forms are also available in other formats upon request.

**Complaint Form (English)**

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____				
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. _____ _____				
<b>Section IV</b>				



Henderson Behavioral Health Title VI Liaison – Linsley Hannah  
4740 North State Road 7  
Lauderdale Lakes, Fl. 33319

The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold of 5% or 1,000 person criteria (See Section 7.1 Overview – Safe Harbor Threshold).