

# Region IV Mental Health Services

## Title VI Plan

Date Adopted: January 2015



**Region IV Mental Health Services** assures that no person is excluded from participation in, or denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act of 1964, in Federal Transit Administration (FTA) Circular 4702.1B

### **Complaint Procedure**

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Region IV Mental Health Services may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Region IV Mental Health Services investigated complaints received no more than 180 days after the alleged incident. Region IV MHS will process complaints that are complete.

Once the complaint is received, Region IV MHS will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Region IV MHS has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Region IV MHS 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, Region IV MHS 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.

## Title VI Complaint Form

### Region IV Mental Health Services

<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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			<input type="checkbox"/> Yes <input type="checkbox"/> 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. _____ _____				

\_\_\_\_\_

**Section IV:**

Have you previously file a Title VI Complaint with this Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: \_\_\_\_\_  State Agency:  
\_\_\_\_\_

Federal Court: \_\_\_\_\_  Local Agency:  
\_\_\_\_\_

State Court: \_\_\_\_\_

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 303 North Madison Street, Corinth, MS or mail the form to Post Office Box 839, Corinth, MS 38835.

### **Title VI Sample Notice to Public**

#### **Notifying the Public of Rights under Title VI**

#### **Region IV Mental Health Services**

- Region IV Mental Health Services operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Region IV Mental Health Services.
- For more information on Region IV Mental Health Service's civil rights program, and the procedures to file a complaint, contact (662) 286-9883, email [jason.ramey@regionivmhs.com](mailto:jason.ramey@regionivmhs.com); or visit our administrative office at 303 North Madison Street, Corinth, MS 38834.
- If information is needed in another language, Contact (662) 286-9883.

Si necesita información en otro idioma, Contacta con (662) 286-9883.

