

## TITLE VI COMPLAINT PROCEDURE

Any person may file a complaint concerning alleged discrimination under the Department of Mental Health/Intellectual Disabilities service delivery system at the state or local level, with any vendor or provider of service, and/or the Regional Office for Civil Rights, U.S. Department of Health, Education and Welfare, Atlanta, Georgia.

The Title VI Representative at MHDS, Inc. has the primary responsibility for receiving and investigating complaints of alleged discrimination and reporting the finding thereon.

It is the policy of MHDS, Inc. to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, age (over 40), gender or sex (including sexual preference, orientation and pregnancy), national origin, genetic information, military or veteran status, or any other basis prohibited by federal, state or local law. The Company will employ and advance in employment qualified persons with disabilities that (with a reasonable accommodation, if available) do not preclude satisfactory performance of the essential functions of the job. This policy applies to all aspects of employment, including, but not limited to, hiring, job assignment, compensation, promotion, benefits, training, discipline, and termination.

Complaints must be filed in writing, preferably on Form CR1-A. The Form should be filled out by the complainant but may be filled out by his/her representative or the Title VI representative. The original copy is to be sent to the Title VI Coordinator, Division of Administrative Services, and Department of Mental Health/Intellectual Disabilities Nashville, Tennessee. One copy will be made available to the appropriate service division, one to the director of agency, and one will be retained by the local Representative. If the complainant is unwilling to complete the form, he/she may write, or have written, a letter setting forth the circumstances surrounding the complaint. The Form CR1-A shall then be filled out by the Title VI Representative. The original of the Complainant's letter is to be attached to the original of the form and copies attached to all copies of the form. The local facility will be responsible for handling complaints and processing them as soon as possible.

Complainant letter received by any of the Divisions in Nashville shall be referred to the Title VI Coordinator, Division of Administrative Services. The coordinator will acknowledge the letter and forward it to the appropriate local facility where it will be handled in the prescribed manner.

An employee found guilty of any discriminatory practice based on race, color, sex (including sexual preference, orientation, and pregnancy) or national origin shall be given a verbal reprimand for the first offense, a written reprimand shall be placed in his or her personnel file on the second offense, and a 30 day suspension without pay shall be given for the third offense. A fourth offense shall be considered sufficient ground for dismissal and action taken accordingly.

Any vendor found guilty of violating the provision of Title VI shall be given a written notice. Failure to eliminate further discrimination shall be considered as a violation of the terms of the contract and a basis for contract termination.

Our representative for Title VI is Chad Buckley.

## **DISCRIMINATION IS PROHIBITED**

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT FEDERALLY ASSISTED PROGRAMS BE FREE OF DISCRIMINATION. THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION, DIVISION OF MENTAL RETARDATION SERVICES ALSO REQUIRES THAT ITS ACTIVITIES BE CONDUCTED WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.**

Prohibited Practices Include:

- Denying any individual any services, opportunity, or other benefit for which he or she is otherwise qualified;
- Providing any individual with any service or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual to segregated or separate treatment in any manner related to his or her receipt of service;
- Restricting any individual in any way in the enjoyment of services; facilities; or any other advantage, privilege, or benefit provided to others under the program;
- Adopting methods of administration that would limit participation by any group of recipients or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin;
- Subjecting any individual to events of racial or ethnic harassment, the creation of a hostile racial or ethnic environment, and a dPCSProportionate burden of environmental health risks on minority communities.

**Should you feel you have been discriminated against, please contact the local Title VI coordinator.**

**Name: Chad Buckley Director of Human Resources  
Address: 57 Conrad, Jackson TN 38305  
Phone Number: 731-984-6440  
Fax: 1-731-664-8930**

**Any individual may file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first.**

**DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
TITLE VI COMPLIANCE COORDINATOR  
Seth B. Wilson-Title VI Compliance Director  
UBS Tower, 8th Floor  
315 Deaderick Street  
NASHVILLE, TN 37243  
Seth.Wilson@tn.gov**

**U.S. DEPARTMENT OF JUSTICE COORDINATION & REVIEW SECTION - NYA CIVIL RIGHTS  
DIVISION 950 PENNSYLVANIA AVENUE, N.W. WASHINGTON, D.C. 20530  
(888) 848-5306 (toll free voice and TDD) Seth.Wilson@tn.gov**

# Discrimination Complaint Form

## Title VI and ADA

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>		
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"/> Disability		
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>		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

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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: \_\_\_\_\_

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: \_\_\_\_\_

Name of person complaint is against: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number (if available): \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

**MHDS, Inc.**  
**Chad Buckley, Director of Human Resources**  
**P.O. Box 11205, Jackson, TN 38308**  
**731-984-6440**  
**cbuckley@mhds.org**

A copy of this form can be found online at **MHDS.ORG**