



Mosaic
COMMUNITY SERVICES

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

Title VI and LEP/LAP Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes	No
Type of Complaint: <input type="checkbox"/> Title VI <input type="checkbox"/> Limited English Proficiency/Language Assistance Plans				
* 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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Limited English Proficiency				
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 Title VI complaint with this agency?	Yes	No
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:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court: _____		
<input type="checkbox"/> State Agency: _____		
<input type="checkbox"/> State Court: _____		
<input type="checkbox"/> 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:		
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:
Mosaic Community Services
Title VI Coordinator
8003 Corporate Drive
Nottingham, MD 21236