

# Tri-County Mental Health Services

## Title VI Complaint Form

INSTRUCTIONS: If you would like to submit a Title VI Complaint to Tri-County Mental Health Services, please complete the form below and return to: Compliance Officer, Tri-County Mental Health Services, 3100 NE 83<sup>rd</sup> Street, Suite 1001, Kansas City, MO 64119. For questions, contact Tri-County Mental Health Services at (186) 468-0400.

1. Name (Complainant):	
2. Phone:	3. Home Address (Street #, City, State, Zip Code)
4. If applicable, the name of the person(s) who you believe discriminated against you:	5. Date of the incident:
6. Discrimination based on (please circle all that apply):  Race                  Color                  National Origin	
7. Briefly explain what happened and how you believe you were discriminated against. Please include how you believe that others were treated differently than you.	
8. Why do you believe these events occurred?	