

Appendix A

Title VI Notice to the Public

TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION

Montgomery Area Mental Health Authority operates its programs without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Montgomery Area Mental Health Authority.

For more information on the civil rights program and the procedures to file a complaint, contact:
Montgomery Area Mental Health Authority
2140 Upper Wetumpka Rd
Montgomery, AL 36107
(334) 279-7830
mamha.org

A complaint may be filed directly with the Federal Transit Administration by contacting:
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington DC 20590

If information is needed in another language, then contact
(334) 279-7830 Ext: 7007.

Appendix B

Title VI Complaint Form

Section I		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Section II		
Are you filing this complaint on your own behalf? Circle	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
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		
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? Circle	Yes	No

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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:

Ryan Trent
 Montgomery Area Mental Health Authority
 2140 Upper Wetumpka Rd, Montgomery, AL 36107