

The Lakes Region Mental Health Center, Inc.

Discrimination ADA/Title VI Complaint Procedure

This document is available in accessible formats upon request. To obtain paper copies or more information regarding accessible formats, please call Lakes Region Mental Health Center's Section 1557 Compliance Officer at the address or phone number above, or email Section1557@lrmhc.org.

The Title VI Complaint Procedure is made available in the following locations:

- Agency website: www.lrmhc.org
 - Hard copies in central offices
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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1954, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA), and all subsequent amendments as they relate to any program or activity administered The Lakes Region Mental Health Center, Inc. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints of discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- Any individual, group of individuals, or entity that believes they have been discriminated against based on race, color, national origin (including LEP and primary language), sex, age, or disability, by any program or activity administered The Lakes Region Mental Health Center, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.
- A complaint must be filed with The Lakes Region Mental Health Center, Inc., no later than 180 days after the following:
 1. The date of the alleged act of discrimination; or
 2. The date when the person(s) became aware of the alleged discrimination; or
 3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued and the latest instance of the conduct.
- Once the complaint is received, it will be reviewed to determine if our office has jurisdiction.
- A copy of each Title VI complaint received will be forwarded to the New Hampshire Department of Transportation within ten (10) calendar days of receipt. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

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- The Lakes Region Mental Health Center, Inc. has 45 days to investigate the complaint. If more information is needed to resolve the case, The Lakes Region Mental Health Center, Inc. may contact the complainant requesting further information. The complainant has 30 business days from the date of the letter to send the 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 30 business days, The Lakes Region Mental Health Center, Inc. can administratively close the case.
- After the investigator reviews the complaint, the agency will issue one of two (2) 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 letter of finding (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, it must direct the appeal to the agency initially. The complainant has 21 days after the date of the closure letter or the letter of finding to do so. If there is outstanding concern, the appeal may be directed to the state DOT or FTA. The appeal process information will be included in the letter.
- A person may also file a complaint directly with the: New Hampshire Department of Transportation, Attn: Shannon Aiton, Title VI Coordinator, PO Box 483, 7 Hazen Drive, Concord, NH 03302-0483; 603-271-2467; TTY: 800-735-2964; titlevi@dot.nh.gov

Or

Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, D.C

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SECTION I		
Name:		
Address:		
Home Phone with area code: ()	Cell or Business Phone with area code: ()	
E-Mail:		
Accessible Format Requirements?	Large Print TDD	Audio Tape Other
SECTION II		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "yes" to this question, go to Section III</i>		
If not, please supply the name and relationship to the person filing the complaint:		
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
<p>I believe the alleged discrimination was based on:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age</p> <p><input type="checkbox"/> Disability <input type="checkbox"/> Other: _____</p> <p>Date of Alleged Discrimination (Month, Day, Year): / /</p> <p>Explain what happened and why you believe you were discriminated against. Describe all people who were involved, including names and contact information, including the person(s) who allegedly discriminated against you (if known). If more space is needed, please use the back of this form.</p>

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SECTION IV	
Have you previously filed a Civil Rights-related complaint with this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION V	
Have you filed this complaint with any other Federal, State, or local agency or court?	
<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If yes, check all that apply and include the name(s) of the agency or court:</i>	
<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 _____	
<i>*If you marked Yes in Section V, provide the name, title, and contact information of the person at the agency/court where the complaint was filed.</i>	
Name:	Title:
Agency:	
Address:	
Telephone:	
SECTION VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone:	

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

Signature

Date

Please submit this form in person or mail to: Title VI Officer
Lakes Region Mental Health Center
40 Beacon St E, Laconia, NH 03246
Email: TitleVI@lrmhc.org
Website: www.lrmhc.org