**Title VI Complaint Procedures**

Hope Lives Vive La Esperanza has developed the following complaint process:

A Complaint Report form is available in the Activity Centers’ forms rack, and the Administrative Office, or a customer may ask anyone that works at Hope Lives to provide the form. If the customer would like assistance in completing the form any staff member can help do so. Once it is complete it should be sent or hand delivered to:

Hope Lives Administrative Offices

1551 West Van Buren St

Phoenix, AZ 85007

Attn.: Chief Executive Officer

It is not mandatory that the complaint be written on the complaint form, but it is preferred to have all of the information requested on the form available for investigation of the complaint. A complaint may also be made in person or by phone at 1.855.747.6522

Once received, a complaint will be promptly investigated and all attempts to resolve valid issues will be made. Most complaints will be resolved within 10 business days, but in no case longer than 90 days, and Hope Lives will contact the costumer by your requested method of communication with that resolution.

While Hope Lives Vive La Esperanza greatly appreciates the opportunity to first address complaints about us; customers are informed of their rights and the option to file a formal complaint with the Regional Behavioral Health Authority (RBHA) itself. Below is the contact information for each RBHA:

Mercy Care 4350 E Cotton Center Blvd., Bldg D, Phoenix, AZ 85040 1.800.564.546

Steward Health Choice 1300 South Yale Street, Flagstaff, AZ 86001 1.800.364.8939

**Title VI Complaint Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone (Home): | Telephone (Work): | | | | |
| Electronic Mail Address: | | | | | |
| Accessible Format Requirements? | ☐ Large Print | | | ☐ Audio Tape | |
| ☐ TDD | | | ☐ Other | |
| **Section II:** | | | | | |
| Are you filing this complaint on your own behalf? | | | ☐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):  ☐ Race ☐ Color ☐ 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 VI:** | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | ☐Yes | | ☐No |
| If yes, please provide any reference information regarding your previous complaint. | | | | | |
| **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:

Christopher Gonzalez

Hope Lives Vive La Esperanza

1551 West Van Buren Street

Phoenix, AZ 85007

855-747-6522

cgonzalez@vivehopelives.org

**Forma Para Poner una Queja**

**(De Acuerdo Al Título VI)**

*Nota: La siguiente información se necesita para procesar su queja.*

**Información de la persona que está poniendo la queja:**

Nombre: Dirección:

Ciudad/Estado/Código Postal:

Teléfono(Casa):

Teléfono (Trabajo):

**Persona A La Que Se Discriminó (alguien que no sea la persona que está poniendo la queja)**

Nombre: Dirección:

Ciudad/Estado/Código Postal:

Teléfono(Casa):

Teléfono (Trabajo):

**¿Cuál de las siguientes razones describe por lo que usted siente que se le discriminó?**

Raza/Color (Especifique) Nacionalidad (Especifique)

Sexo (Especifique)

**¿En qué fecha(s) sucedió la discriminación?**

**Describa la presunta discriminación. Explique qué sucedió y quién cree usted que fue responsable (si necesita más espacio, agregue otra hoja).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**¿Ha presentado esta queja con otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Marque todas las que apliquen.**

Agencia Federal Corte Estatal Corte Federal

Agencia Local Agencia Estatal

**Por favor proporcione información de la persona a la que presentó su queja en la agencia/corte.**

Nombre:

Dirección:

Ciudad/Estado/Código Postal:

Teléfono(Casa):

Teléfono (Trabajo):

**Por favor firme abajo. Puede anexar cualquier material escrito u otra información que usted crea que es relevante sobre su queja.**

Firma de la Persona que presenta la queja Fecha

**Número de Anexos:**

**Someta la forma y cualquier información adicional a:**

Christopher Gonzalez

Hope Lives Vive La Esperanza

1551 West Van Buren Street

Phoenix, AZ 85007

855-747-6522

cgonzalez@vivehopelives.org