



TITLE VI NOTICE TO THE PUBLIC

Quality of Life Community Services, Inc. hereby gives public notice that it is our policy to assure full compliance with Title VI of the Civil Rights Act of 1964, related statutes and regulation provide that no person shall on the grounds of race, color, national origin, gender, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Civil Rights Restoration Act of 1987 amended Title VI to specify that entire institutions receiving Federal funds, whether schools, colleges, government entities, or private employers must comply with Federal civil rights laws, rather than just the particular programs or activities that receive Federal funds.

We are also concerned about the impact of our programs, projects and activities on low income and minority populations (“Environmental Justice”) under Title VI. Any person who believes that they are being denied participation in a project, being denied benefits of a program, or otherwise being discriminated against because of race, color, national origin, gender, age, or disability, may contact:

NANCY CASTELLANO / QUALITY OF LIFE COMMUNITY SERVICES OFFICE AT (727) 505-7232

YOU SHOULD CONTACT THE ABOVE INDIVIDUAL OR OUR OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN 180 DAYS AFTER THE ALLEGED DISCRIMINATION OCCURRED, OR IS THERE HAS BEEN A CONTINUING COURSE OF CONDUCT, NO LATER THAN 180 DAYS AFTER THE ALLEGED DISCRIMINATION WAS DISCONTINUED.

Para obtener informacion en www.qolcs.org visita espanolas o llame al (727) 505-7232

Desplácese a la última página para la versión en Español de este documento

Quality of Life Community Services

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): | | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____ | | | | |
| 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? | |
| <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: | |

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:

Quality of Life Community Services, Inc.
Attn: Nancy Castellano, Title VI Liaison
4700 140th Ave. North
Suite C102
Clearwater, FL 33765



Título VI aviso al público

Quality of Life servicios comunitarios, Inc. da a conocer públicamente que es nuestra política asegurar el cumplimiento total del título VI de la ley de derechos civiles de 1964, los estatutos y reglamentos conexos prevén que ninguna persona deberá por motivos de raza, color, origen nacional , el género, la edad o la incapacidad se excluyen de la participación en, se niegan los beneficios de, o ser objeto de discriminación bajo cualquier programa o actividad que recibe asistencia financiera federal. La ley de restauración de derechos civiles de 1987 modificó el título VI para especificar que las instituciones enteras que reciben fondos federales, ya sean escuelas, colegios, entidades gubernamentales o empleadores privados deben cumplir con las leyes federales de derechos civiles, en lugar de sólo la programas o actividades particulares que reciben fondos federales.

También estamos preocupados por el impacto de nuestros programas, proyectos y actividades sobre las poblaciones minoritarias y de bajos ingresos ("justicia ambiental") bajo el título VI. Cualquier persona que cree que se le está negando la participación en un proyecto, siendo negado los beneficios de un programa, o de otra manera siendo discriminado por causa de raza, color, origen nacional, sexo, edad, o incapacidad, puede ponerse en contacto:

[Nancy castellano/oficina de servicios comunitarios de calidad de vida al \(727\) 505-7232](tel:(727)505-7232)

Usted debe ponerse en contacto con el individuo o nuestra oficina, lo antes posible, pero a más tardar 180 días después de la presunta discriminación, o se ha producido un curso de conducta continua, a más tardar 180 días después de la presunta discriminación Descontinuado.