



## **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 ground 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 impacts 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 your race, color, national origin, gender, age, or disability, may contact:

**Our Title VI Liaison, Deborah Lekenta (813) 415-1196**  
**Quality of Life Community Services Office (813) 425-2200**

**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 IF THERE HAS BEEN A CONTINUING COURSE OF CONDUCT, NO LATER THAN 180 DAYS AFTER THE ALLEGED DISCRIMINATION WAS DISCONTINUED.**

## **Title VI Complaint Form**

QUALITY OF LIFE COMMUNITY SERVICES is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Liaison by calling (813) 415-1196 or 813-425-2200.

The completed form must be returned to Title VI Liaison, c/o Quality of Life Community Services, Inc., 7525 Blind Pass Road, St. Pete Beach, FL 33706.

### **Your rights in Title VI non-discrimination complaints**

***Filing this complaint with the Quality of Life Community Services Title VI Liaison does not prevent you from filing a complaint with the Federal Agency providing funding to the party against which a complaint is being lodged. For additional information on location of state and federal offices contact the Title VI Liaison.***

# Quality of Life Community Services

## Title VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
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.  _____ _____				
<b>Section IV</b>				
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?

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:

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: Deborah Lekenta, Title VI Liaison  
7525 Blind Pass Road  
St. Pete Beach, FL 33706