

## Miami Jewish Health

## Miami Jewish Health Florida PACE Centers

Title VI Complaint Form

Section I:							
Name:							
Address:							
Telephone (Home):		Telephone (Work):					
Electronic Mail Address:							
Accessible Format Requirements?	Large Print	Audio Tape					
	TDD		Other	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 party if you are filing on behalf of a third party.			d Yes		No		
Section III:							
I believe the discrimination I experienced was based on (check all that apply):							
[] Race [] (	[] Color [] National Origin		[]	Age			
[] Disability []	Family or Religious Status	[	]	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 Ti	le VI complaint with this agend	cy?	Yes	1	No		

Section V	
Have you filed this complaint with any other F	ederal, 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 pe	erson 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 ot Signature and date required below	her information that you think is relevant to your complaint.
Signature	Date
Please submit this form in person at the ad	dress below, or mail this form to:
Miami Jewish Health	
Department of Transportation	
5200 NE 2 <sup>nd</sup> Ave.	
Miami, Florida 33137	