



Title VI Complaint Form

Envision is committed to ensuring that no person is excluded from participation in or denied the benefits of its services based on race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Envision, Inc.

Complaints must be filed no more than 180 days from the date(s) of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact Carrie Perry, Vice President, Human Resources, at (316) 425.7106. Once completed, return a signed and dated copy to:

Envision, Inc.
Attn: Vice President, Human Resources
610 N. Main St.
Wichita, KS 67203

Section I

Complainant Information:

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

Department/Division: _____

Job Title: _____

Accessible Format Requirements:

Large Print

Braille

Other

TDD

Audio Tape



Section II

Are you filing this complaint on your own behalf?

- Yes (If yes, go to complaint information)
 No

If no, please supply the name and relationship of the person for who you are filing the complaint:

Name: _____

Relationship: _____

Please explain why you filed for a third-party: _____

Please confirm that you obtained the permission of the aggrieved party if you are filing on their behalf: Yes No

Section III

Complaint Information:

I believe the discrimination I experienced was based on: (Check all that apply)

- Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Time: _____ Location: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the people who were involved. Include the name and contact information of the person(s) who you believe discriminated against you, as well as names of any witnesses. If more space is needed, attach additional sheets of paper.

To improve the quality of life and provide inspiration and opportunity for people who are blind the blind or visually impaired through employment, outreach, rehabilitation, education and research.

Envision, Inc.

610 N. Main Wichita, KS 67203 (316) 267.2244

www.envisionus.com

Revised 12.2023



Section IV

Have you previously filed a title VI complaint with this agency?

Yes No

If yes, please explain: _____

Section V

Have you filed this complaint with any other federal, state, local agency, or within 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: _____

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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 or mail to:

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610 N. Main Street

Wichita, KS 67203

Attn: Vice President, Human Resources

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