# 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 the 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 Jennifer Jones, Vice President, Human Resources at 316.425.7118 or jennifer.jones@envisionus.com. Once completed, return a signed and dated copy to:

Envision, Inc.
2301 S. Water St.
Wichita, KS 67213
Attn: Jennifer Jones, Vice President, Human Resources

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## Complainant Information:

Name: _____

Address: _____

Telephone (Cell/Home): _____

Telephone (Work): _____

Department/Business Unit: _____

Job Title: _____

Accessible Format Requirement:

- ☐ Large Print
- ☐ TDD
- ☐ Other
- ☐ Braille
- ☐ Audio Tape

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

**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 persons 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.

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

☐ Yes ☐ No

If yes, please explain: _____

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: _____

Address: _____

Telephone: _____

Have you filed a lawsuit regarding this complaint? ☐ Yes ☐ No
(Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.)

Name of individual complaint is against: _____
Title: _____

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 directly to or mail to:

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2301 S Water St.
Wichita, KS 67213
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