

#### Section 4: Title VI Complaint Procedure

The Title VI Complaint Procedure is made available in the following locations:

- Agency website, if available: [www.lrmhc.org](http://www.lrmhc.org)
  - Hard copy in the central office
  - Agency Title VI Plan
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Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by The Lakes Region Mental Health Center, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with The Lakes Region Mental Health Center, Inc. no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, The Lakes Region Mental Health Center, Inc. will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the New Hampshire Department of Transportation within ten (10) calendar days of receipt. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Lakes Region Mental Health Center, Inc. has 45 days to investigate the complaint. If more information is needed to resolve the case, The Lakes Region Mental Health Center, Inc. may contact the complainant requesting further information. The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, The Lakes Region Mental Health Center, Inc. can administratively close the case.

After the investigator reviews the complaint, the agency will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision it must direct the appeal to the agency initially. The complainant has 21 days after the date of the closure letter or the letter of finding to do so. If there is

outstanding concern, the appeal may be directed to the state DOT or FTA. The appeal process information will be included in the letter.

A person may also file a complaint directly with the: New Hampshire Department of Transportation, Attn: Shannon Aiton, Title VI Coordinator, PO Box 483, 7 Hazen Drive Concord, NH 03302-0483; 603-271-2467; TTY: 800-735-2964; [titlevi@dot.nh.gov](mailto:titlevi@dot.nh.gov)

Or

Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, then contact (603) 524-1100.

**Section 5: Title VI Complaint Form**

The Lakes Region Mental Health Center, Inc.'s Title VI Complaint Procedure is made available in the following locations:

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**The Lakes Region Mental Health Center, Inc.  
Title VI Complaint Form**

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-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

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**Section III:**

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

**Title VI:**  Race       Color       National Origin

**Other (specify):** \_\_\_\_\_

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.

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**Section IV**

Have you previously filed a Civil Rights related complaint with this agency?	Yes	No
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**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 \_\_\_\_\_

If marked Yes in Section V, please provide information about a contact person at the agency/court where the complaint was filed.

**Name:**

**Title:**

<b>Agency:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Section VI</b>
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**

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**Signature**

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**Date**

**Please submit this form in person at the address below, or mail this form to:**

Sue Drolet, SPHR, SHRM-SCP  
 Chief Human Resources Officer  
 Lakes Region Mental Health Center  
 40 Beacon Street East, Laconia, NH 03246  
 p – 603-524-1100 x156  
 e – [sdrolet@lrmhc.org](mailto:sdrolet@lrmhc.org)  
[www.lrmhc.org](http://www.lrmhc.org)