

Title VI Complaint Form

Concerned Care Inc.

Any qualifying person receiving services may contact their Residential Manager or other administrator for any “consumer concerns”

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Concerned Care Director of Community Services at 474-3026. The complete form must be returned to Concerned Care Inc. Director of Community Services, 320 Amour Road, North Kansas City Missouri 64116

Your Name: _____ Phone Number: _____

Alternate Phone Number: _____

Street Address: _____ City _____

State: _____ Zip _____

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|--|------------------------|
| Which best describes the reason for the alleged discrimination? (Circle one) | Date of incident _____ |
| *Race | |
| *Color | |
| *National Origin (Limited English Proficiency) | |

Please describe the alleged the alleged discriminating incident. Provide the names and title of the employee’s involved if available. Explain what happened and who you believe was responsible. Please use the back side of this form if necessary.
