

## Notifying the Public of Rights Under Title VI

### WESTCARE ARIZONA, I, Inc.

WestCare operates its programs and services without regard to race, color, national origin or disability in accordance with the Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with:

WestCare Arizona  
**Cheryl DeBatt**, *Area Director*  
821 Hancock Road Suite #2  
Bullhead City, AZ 86442  
(928) 763-1945  
Email: [cheryl.debatt@westcare.com](mailto:cheryl.debatt@westcare.com)

If the complaint is filed against WestCare, the complaint will be forwarded to the Human Resources Department in Henderson, Nevada. All complaints will be promptly investigated.

WestCare Foundation Office  
**Mike Shields**, *Vice President of Human Resources*  
1711 Whitney Mesa Dr.  
Henderson, NV 89014  
(702) 385-2090

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: ADOT: ATTN: Title VI Program Manager 206 S. 17th Ave MD 155A RM: 183 Phoenix AZ, 85007 FTA: ATTN: title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

If information is needed in another language, contact 928-763-1945 - WestCare Arizona will upon request have an interpreter provide the information and will be consistent with LEP guidance. Para informaci3n en Espa1ol llame: Cheryl DeBatt, WestCare Arizona Area Director, 821 Hancock Road Suite #2, Bullhead City, AZ 86442 / P 928-763-1945.

# WESTCARE ARIZONA I, Inc.

## Title VI Complaint Form

<b>Section I:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
Electronic Mail Address:			
Accessible Requirements?	Format	Large Print	<b>Audio Tape</b>
		TDD	<b>Other</b>
<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
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Family or Religious Status	<input type="checkbox"/>	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.  _____  _____			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with this agency?		Yes	No

<b>Section V</b>	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<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

\_\_\_\_\_

Signature Date

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

**Cheryl DeBatt**  
 WestCare Arizona Area Director  
 821 Hancock Road Suite #2  
 Bullhead City, AZ 86442  
 (928) 763-1945  
 Email: [cheryl.debatt@westcare.com](mailto:cheryl.debatt@westcare.com)