

TITLE VI COMPLAINT FORM

This form can be made available in Spanish and Korean languages

Section I: Please write legibly		
1. Name:		
2. Address:		
3. Telephone:		3.a. Secondary Phone (Optional):
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
Section III:		
11. I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race Origin	<input type="checkbox"/> Color	<input type="checkbox"/> National
12. Date of alleged discrimination: (mm/dd/yyyy)		
13. 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 attach additional sheets of paper.		
COMPLAINT FORM		
Section IV:		
14. Have you previously filed a Title VI complaint with PIH Health Good Samaritan Hospital?	YES	NO
Section V:		
15. 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"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____	
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	Email:
Section VI:	
Name of Transit Agency complaint is against:	
Contact Person:	
Telephone:	

You may attach any written materials or other information that you think is relevant to your complaint.

If you have any questions, you may call the Compliance Officer/Title VI Coordinator at 213-482-2727.

Signature and date are required below to complete form:

Signature _____ Date _____

Please submit this form by mail, email, or in person to the following:

PIH Health Good Samaritan Hospital
 Compliance Officer/Title VI Coordinator
 1225 Wilshire Boulevard
 Los Angeles, CA 90017
 Phone: 213-482-2727
 Email: Compliance@pihhealth.org