Aviso al Público Sobre los Derechos Bajo el Título VI
Terros Health

Terros Health (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964. El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la Terros Health’s programa de derechos civiles, y los procedimientos para presentar una queja, contacte Patient Advocate (Title VI Program Coordinator), 602.685.6000; email QOC@TerrosHealth.org; o visite nuestra oficina administrativa en 3003 N Central Ave, Suite 400, Phoenix, AZ 85012. Para obtener más información, visite www.terroshealth.org.

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: Terros Health’s website, lobbies at the three Recovery clinics (Priest Drive Recovery Clinic; 23rd Ave Recovery Clinic; & 51st Ave Recovery Clinic), and inside the transit vehicles.

This notice is posted online at www.terroshealth.org.
Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Terros Health including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

(1) Any person who believes he and/or she has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form.

(2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.

(3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The Title VI contact person will assist the complainant with documenting the issues if necessary.

(4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.

(5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.

(6) Once submitted Terros Health will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Terros Health or submitted to the State or Federal authority for guidance.

(7) Terros Health will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at: 602-262-7242; email to: phxtransiteo@phoenix.gov.
(8) Terros Health has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 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 Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

(9) After the investigator reviews the complaint, she/he will issue one of two 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. An 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, she/he has 30 days after the date of the letter or the LOF to do so.

(10) A complainant dissatisfied with Terros Health decision may file a complaint with the City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 or the Federal Transit Administration (FTA) offices of Civil Rights: **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

(11) A copy of these procedures can be found online at: [www.terroshealth.org](http://www.terroshealth.org).
# Title VI Complaint Form

## Section I:

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone (Home):</td>
<td>Telephone (Work):</td>
</tr>
<tr>
<td>Electronic Mail Address:</td>
<td></td>
</tr>
<tr>
<td>Accessible Format Requirements?</td>
<td>☐ Large Print ☐ Audio Tape</td>
</tr>
<tr>
<td></td>
<td>☐ TDD</td>
</tr>
</tbody>
</table>

## Section II:

- 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

## Section III:

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

☐ Race ☐ Color ☐ National Origin

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.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

## Section VI:

Have you previously filed a Title VI complaint with this agency?  ☐ Yes ☐ No
If yes, please provide any reference information regarding your previous complaint.

______________________________________________________________________________________________________________________________________________________________________________________________________________

**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: ___________________________

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

________________________________________  __________________________
Signature  Date

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

Terros Health, Patient Advocate (Title VI Program Coordinator)
3003 N Central Ave, Suite 400
Phoenix, AZ 85012
Main: 602.685.6000,
Email: QOC@terroshealth.org

A copy of this form can be found online at www.terroshealth.org.
Forma Para Poner una Queja  
(De Acuerdo Al Título VI)

Nota: La siguiente información se necesita para procesar su queja.

Información de la persona que está poniendo la queja:

Nombre: __________________________
Dirección: __________________________
Ciudad/Estado/Código Postal: __________________________
Teléfono(Casa): __________________________
Teléfono (Trabajo): __________________________

Persona A La Que Se Discriminó (alguien que no sea la persona que está poniendo la queja)

Nombre: __________________________
Dirección: __________________________
Ciudad/Estado/Código Postal: __________________________
Teléfono(Casa): __________________________
Teléfono (Trabajo): __________________________

¿Cuál de las siguientes razones describe por lo que usted siente que se le discriminó?

Raza/Color (Especifique) _______ Nacionalidad (Especifique) _______

¿En qué fecha(s) sucedió la discriminación? __________________________

Describa la presunta discriminación. Explique qué sucedió y quién cree usted que fue responsable (si necesita más espacio, agregue otra hoja).

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________


Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

¿Ha presentado esta queja con otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Marque todas las que apliquen.

Agencia Federal ______ Corte Estatal ______ Corte Federal ____
Agencia Local ______ Agencia Estatal____

Por favor proporcione información de la persona a la que presentó su queja en la agencia/corte.

Nombre: ________________________________________________________________
Dirección: _____________________________________________________________________________
Ciudad/Estado/Código Postal: _________________________________________________________
Teléfono(Casa): _________________________________________________________________________
Teléfono (Trabajo): ______________________________________________________________________

Por favor firme abajo. Puede anexar cualquier material escrito u otra información que usted crea que es relevante sobre su queja.

Firma de la Persona que presenta la queja __________________________ Fecha __________

Número de Anexos: _________________________________________________________________

Someta la forma y cualquier información adicional a:
Terros Health, Patient Advocate (Title VI Program Coordinator)
3003 N Central Ave, Suite 400
Phoenix, AZ 85012
Main: 602.685.6000
Email: OOC@TerrosHealth.org

A copy of this form can be found online at www.terroshealth.org.