Title VI Complaint Form

The Farmer’s House

The Farmer’s House is committed to ensuring that no person is excluded from participation in or denied the benefits of services on the basis of race, color or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact The Farmer’s House Program Director at (816) 431-6892. The completed form must be returned to The Farmer’s House, 415 Main Street, Weston, Missouri 64098.

### Section I:

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>Telephone (Home):</td>
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<tr>
<td>Telephone (Work):</td>
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<tr>
<td>Electronic Mail Address:</td>
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<tr>
<td>Accessible Format Requirements?</td>
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</tbody>
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### 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 IV
Have you previously filed a Title VI complaint with this agency?  
| Yes | No |

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:  
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:

The Farmer’s House  
415 Main Street  
Weston, Missouri  64079

For Farmer’s House Use Only  
Date Received:___________  
Received By:___________