



## Notifying the Public of Rights Under Title VI

### **Community Health of South Florida, Inc. (CHI)**

- Community Health of South Florida (CHI) operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Community Health of South Florida (CHI).
- For more information on Community Health of South Florida (CHI)'s civil rights program, and the procedures to file a complaint, contact 305-253-5100, (TTY 711); email [jdreyes@chisouthfl.org](mailto:jdreyes@chisouthfl.org) or visit our administrative office at 10300 SW 216 Street, Miami, Florida 33190. For more information, visit <https://www.chisouthfl.org/>.
  - If information is needed in another language, contact 305-253-5100



## Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by Community Health of South Florida Inc. (CHI) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Community Health of South Florida Inc. (CHI) investigates complaints received no more than 180 days after the alleged incident. Community Health of South Florida Inc. (CHI) will process complaints that are complete.

Once the complaint is received, Community Health of South Florida Inc. (CHI) will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Community Health of South Florida Inc. (CHI) has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Community Health of South Florida Inc. (CHI) may contact the complainant. The complainant has ten (10) 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 ten (10) business days, Community Health of South Florida Inc. (CHI) can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

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. A 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public Community Health of South Florida Inc. (CHI) website (<https://www.chisouthfl.org/>).

---

---

# Community Health of South Florida (CHI)

## 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	



