Friendship Circle

Complaint Procedure

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

Once the complaint is received, Friendship Circle 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.

Friendship Circle has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Friendship Circle 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, Friendship Circle 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 on Friendship Circle's website (www.floridafriendshipcircle.com).

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		**Telephone (Work):**		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		**Audio Tape**	
	TDD		**Other**	
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 [ ] Age

[ ] Disability [ ] Family or Religious Status [ ] 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.

_____

_____

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:

Friendship Circle
Shuey Biston
7170 Loxahatchee Road
Parkland,FL 33067