

## **Introduction to Title VI Policy and Procedures**

(Agency Name) takes seriously its obligation to comply with all aspects of Title VI of the Civil Rights Act of 1964. Our commitment clearly expressed in our written policy, our required training of employees, and through comprehensive monitoring and enforcement activities. (Agency Name) takes seriously its Title VI obligations when contracting with or interacting with external organizations, entities, and/or individuals. (Agency Name) clients are made aware of their rights at the time of their initial contact with (Agency Name). Clients receive both verbal and written communications regarding Title VI. (Agency Name) readily assists any client who expresses a desire to file a complaint. Title VI posters are prominently displayed in all (Agency Name) facilities.

During the intake process clients are verbally informed of their right to file a civil rights complaint. They also receive a written copy of the Client Resource Guide that explains this right. Title VI posters are displayed in the lobbies of our clinics and in prominent areas of other facilities. (Agency Name) staffs are required to complete on-line training developed by the Department of Mental Health and Substance Abuse Services. (Agency Name) has a clear policy that prohibits discrimination based on race, color, or national origin.

## Agency Title VI (6) Coordinator's Duties

(Agency Name) will designate (i.e. HR Director or Designee) as the Title VI Coordinator for the entire agency. The (i.e. HR Director or Designee) will be responsible for civil rights compliance with Federal and State regulations at their agency. The duties of the Title VI Coordinator are as follows:

1. Ensuring all new employees and volunteers receive Title VI training during new employee orientation;
2. Conducting annual Civil Rights In-Service training for all employees and volunteers;
3. Ensuring procedures are in place to inform clients of their rights under Title VI;
4. Displaying and distributing Title VI posters and brochures (in English and other languages);
5. Conducting internal monitoring activities to ensure staff and volunteer compliance with Title VI;
6. Maintaining a complaint log and conducting investigations when necessary;
7. Submission of the annual Title VI Self-survey report and other required documents to the Department of Mental Health and Substance Abuse Services in a timely manner; and
8. Other duties as necessary to ensure agency compliance with Title VI regulations.

All training will be done using (*identify the process for training here*) for all new employees/volunteers and as a refresher course annually for all employees/volunteers. A training roster will be provided to the appropriate departments upon request.

Policy and Procedure No. 2A

Authority Signature \_\_\_\_\_

(Name and Position of Authorized Signature)

Date \_\_\_\_\_

(AGENCY LETTERHEAD/LOGO)  
( AGENCY NAME )  
( AGENCY ADDRESS )

\_\_\_\_\_(Agency Name)\_\_\_\_\_ contracts with the Division of Substance Abuse Services (DSAS) to provide (circle): Prevention Srvs, Treatment Services (CoC, WROSC, HIV, Gambling, etc.), Recovery Srvs (ARP), Criminal Justice Srvs (ADAT, CTC, SPOT), Recovery Court Srvs, and/or Other (\_\_\_\_\_identify\_\_\_\_\_).

**Services Provided**

Identify the type of services that your agency provides under each identified DSAS contract, i.e Monitored Withdrawal Management, Residential Treatment, Intensive Out Patient, DUI School, Training, Half-Way Housing, etc.)

Prevention Services:

Treatment Services:

Recovery Services:

Criminal Justice Services:

Recovery Court Services:

Other (Housing, Training, Technical Assistance, etc.)

Revised 3/13/2019

Policy and Procedure No. 3A  
Authority Signature \_\_\_\_\_  
(Name and Position of Authorized Signature)  
Date \_\_\_\_\_

Sources of federal and state funds received through contracts/grants with TDMHSAS for the current fiscal year.

[illegible]

(AGENCY LETTERHEAD/LOGO)  
( AGENCY NAME )  
( AGENCY ADDRESS )

## **Title VI Implementation & Compliance**

**PURPOSE:** To ensure compliance with the following:

**A) Title VI of the 1964 Civil Rights Act states:**

*"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."*

**B) TENNESSEE CODE ANNOTATED (TCA) 4-21-904**

*"It is a discriminatory practice for any state agency receiving federal funds, making it subject to Title VI of the Civil rights Act of 1964, or any person receiving funds from a state agency, to exclude a person from participation in, deny benefits to a person, or to subject a person to discrimination under any program or activity receiving such funds, on the basis of race, color or national origin. "*

**C) Title VI Limited English Proficiency (LEP)**

- "Limited English Proficiency"- is defined as the inability to speak, read, write, or understand the English language at a level that permits a service recipient to interact effectively with staff in accessing services and benefits.
- Executive Order 13166 (August 11, 2000) requires all agencies that receive federal funding to provide services that are accessible to persons with Limited English proficiency.
- Not providing services that are accessible constitutes discrimination based on national origin.

**POLICY:**

It is the policy of (Agency Name) to comply with Federal and State mandated Title VI legislation for the purpose of ensuring that it's services do not discriminate against people because of their race, color, national origin or limited English proficiency. Should Title VI complaints arise, they will be addressed in a timely manner.

**PROCUDURES:**

1. The (Agency Name) Client Rights and Responsibilities Brochure will contain Civil Rights information. Every new client/legal representative will receive a copy of the Civil Rights Brochure as they enter services. Receipt of the Brochure shall be acknowledged by client/legal guardian signature on the permission to Treat form.

2. *(Agency Name)* will prominently display Title VI posters in both (English and Spanish) in all of its facilities and visible for all to see.
3. *(Agency Name)* will prominently display the name and contact information of its *(Agency Name)* Title VI Coordinator on the Title VI posters in all its facilities.
4. Clients/legal guardians will be referred to the *(Agency Name)* Title VI Coordinator in the event additional Title VI information is needed, or if they desire to file a Title VI complaint. The *(Agency Name)* Title VI Coordinator will furnish all information that is needed to file a complaint to any client/legal guardian, as applicable.
5. *(Agency Name)* will not prohibit equal access to program services, aids or benefits. **It** will not provide a different service, aid, or benefit, or provide them in a manner different than they are provided to others. **It** will not segregate or separately treat individuals in any matter related to the receipt of any service, aid or benefit.
6. All *(Agency Name)* facilities will make decisions effecting people Title VI.
7. All employees, clients and visitors will be respectfully addressed by their surname (i.e. Mr., Mrs., Ms., Dr., etc.).
8. When there is a language barrier, the client/client's assistant will be informed of the interpreter services we provide. Every effort will be made to locate appropriate interpreters, as client needs present. Refer to website <https://mhamt.org/multicultural-outreach/>, or the *Translator/Interpreter List* located in the TN Relay Policy (ADM-CR-009). <https://www.tennrelay.com/>
9. *(Agency Name)* will include a formal Title VI "Statement of Compliance" clause in its contracts with all agencies and vendors.
10. *(Agency Name)* will distribute Title VI information to its vendors, subcontractors, and other parties with whom it contracts so that these agencies are clearly informed of their own responsibilities under Title VI standards.
11. *(Agency Name)* will discipline employees found in violation of Title VI through its progressive disciplinary measures outlined in the Employee Handbook.
12. *(Agency Name)* will provide employee/volunteer Title VI education during initial orientation then annually thereafter.
13. *(Agency Name)* will follow its written procedures for hearing and reviewing Title VI Complaints, and will maintain records regarding all alleged cases of discrimination.

## Monitoring

1. (Agency Name) will complete Title VI Self-Surveys and submit it to TN Department of Mental Health and Substance Abuse Services by the date subscribed by TDMHSAS.
2. Title VI complaints must be filed in writing and can be filled at several different levels (clients and employees will be advised of all options):

A. The Local Agency Level:

Title VI complaints must be made in writing to (Agency Name) Title VI Coordinator, if desired. The client/employees will be given a copy of their Title VI concern for their records.

B. The State Department Level:

Clients/Employees will be given contact information for the State Level (i.e. TN Department of Human Rights), should they desire to file their complaint at this level:

C. The Federal Level:

Clients/Employees will be given contact information for the Federal Level, should they desire to file their complaint at this level:

Office for Civil Rights

U.S. Department of Health and Human Services

Atlanta Federal Center, Suite 3870

61Forsyth Street, SW

Atlanta, GA 30303-8909

3. The person making the Title VI complaint has the right to file the complaint with the federal government's Office of Civil Rights at any stage of the complaint process. When the complainant chooses this option, it becomes the responsibility of the Office of Civil Rights to review the complaint. Therefore, Local or Departmental/Other Agency procedures will be suspended pending the outcome of a federally filed complaint.

### **Complaint Process:**

1. Complaint under Civil Rights Act of 1964 (Agency's Form A# \_\_\_\_\_)

This form must be completed and submitted to the (Agency Title VI) coordinator. It includes the name and address of the person filing the complaint, the agency/and/or person the complaint is against, the basis of the complaint, and the date of the alleged discrimination.

*SEE ATTACHED FORM*

2. Report of Investigation (Form B# \_\_\_\_\_)

When a Title VI complaint is filed, an investigation into the alleged discrimination is made. The Local Coordinator uses this form to report the findings of the investigation. An investigative report must be attached to the form. The findings may show either

- The agency/person was found to be in violation of Title VI.
- The agency/person was not found to be in violation of Title VI.
- The Title VI complaint was withdrawn, using (Form D# \_\_\_\_\_).

If the agency/person was found to be in violation of Title VI, the remedial action taken to ensure future compliance must be noted on this form. *SEE ATTACHED FORM*

3. Appeal from Finding (Form C# \_\_\_\_\_):

All parties involved in the complaint have the right to appeal the results/finding of the investigation. This form is used to ask for an appeal (Form # \_\_\_\_\_). *SEE ATTACHED FORM*

4. Withdrawal of Complaint (Form D# \_\_\_\_\_):

This form is used to withdraw the "Complaint under the Civil Rights Act of 1964" or the "Appeal from Finding". It must include the reason for withdrawal and the signature of the person who is choosing to withdraw the complaint/appeal. *SEE ATTACHED FORM*

**Complaint Procedures:**

1. The (*Agency Name*) Title VI Coordinator is responsible for receiving, acknowledging, and investigating complaints, as well as reporting the findings.
2. When a complaint is filed, the (*Agency Name*) Title VI Coordinator must notify TDMHSAS and the person making the complaint within 24 hours.
3. Should the person making the Title VI complaint choose to submit a letter stating the complaint, the (*Agency Name*) Title VI Coordinator must ensure that this letter is attached to the completed Complaint Form A#\_\_\_\_.
4. The (*Agency Name*) Title VI Coordinator will make and distribute the following copies of all Title VI documents to the complainant and all significant (*Agency Name*) staff (name the titles of those identified persons)
  - A. The person making the Title VI report must receive copies of all Title VI documents related to the complaint.
  - B. The (*Agency Name*) Title VI Coordinator will retain copies of all Title VI documents related to the individual complaint.
5. **If** the (*Agency Name*) Title VI Coordinator receives a Title VI complaint, a complete agency fact finding investigation will be conducted within thirty (30) days of receipt of the complaint, and the findings will be reported to the (*Agency Name*) Executive Director/CEO and to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Title VI Coordinator.
6. Within five (5) calendar days of this report being made, written findings will be given to the person filing the Title VI complaint, along with notification of their right to appeal.
7. **If** the person making the Title VI complaint chooses to appeal the original decision, the Appeal form C# \_\_\_\_\_ is completed and sent to the appropriate Departmental Title VI Coordinator at the Tennessee Human Rights Commission (THRC). This becomes the second level in the complaint review process.
8. When a finding is appealed from the (*Agency Name*) level to another Departmental Level (i.e. THRC), a copy of the complaint, the finding - including the proposed action and the request for appeal will be forwarded from the (*Agency Name*) Title VI Coordinator to the appropriate next



level Department Title VI Coordinator within ten (10) calendar days.

9. The next level Departmental Title VI Coordinator must conduct and complete a fact-finding within thirty (30) days after receipt of the appeal and convey the findings, in writing, to the concerned parties.

10. If the person making the Title VI complaint is not satisfied with the Department's resolve, the option of appealing can be then made to the Federal level at the U.S. Department of Justice Civil Rights Division. . The State Department Title VI Coordinator will be available to assist with this process, as will be the ( *Agency Name*) Title VI Coordinator, if desired.

11. The ( *Agency Name*) Title VI Coordinator will inform the ( *Agency Name*) Compliance Officer of all the Title VI complaints which are documented, and provide the ( *Agency Name*) Compliance Officer with the results of all Title VI investigations.

\_\_\_\_\_(CEO/Authority Signature)\_\_\_\_\_

\_\_\_\_\_(date of signature)\_\_\_\_\_

Printed Name & Position of Person Signing

Policy and Procedure No. \_\_\_\_\_7\_A\_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Last Review: \_\_\_\_\_

Date Revised: \_\_\_\_\_

*\*Note-Title VI posters and brochures (both in English and Spanish) can be printed from the following link: <http://www.tn.gov/mental>*

*\*Note-TN Comptroller's Fraud, Waste and Abuse posters can be obtained by calling: 1-800-232-5454*

Revised 3/14/2019

## EQUAL OPPORTUNITY IS THE LAW IN TENNESSEE

The Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.

*"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

Included under National Origin is discrimination based on a person's inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

All programs and operations of entities that receive assistance from the federal government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of (AGENCY NAME) as well as other agencies, organizations, institutions, and contractors providing services with state support understand what the law requires.

Any person who applies for or receives any benefit or service provided by (AGENCY NAME) may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.

Complaints must be filed in writing with the Title VI representative of the location of the alleged discrimination (AGENCY NAME); or with the appropriate regional or central office of the Department of Mental Health and Substance Abuse Services; or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323.

(AGENCY NAME) does not, because of race, color, or national origin:

1. Deny an individual any services, opportunity, or other benefit for which he is otherwise qualified;
2. Provide any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
3. Subject any individual to segregated or separate treatment in any manner related to his/her receipt of service;
4. Restrict an individual in any way in the employment of services, facilities or any other advantage, privilege or other advantage, privilege or other benefit provided to others under the program;
5. Adopt methods of administration which would limit participation by any group of recipients or subject them to discrimination;
6. Address an individual in a manner that denotes inferiority because of race, color, or national origin.

For further information, contact (AGENCY NAME's) Title VI Coordinator:

(NAME)

(ADDRESS/LOCATION)

(TELEPHONE NUMBER)

\_\_\_\_\_  
(Service Recipient's Printed Name)

\_\_\_\_\_  
(Service Recipient's Signature)

\_\_\_\_\_  
(Date)----

\_\_\_\_\_  
(Staff Printed Name)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)----

(AGENCY NAME)  
(AGENCY ADDRESS)

## TITLE VI Service Recipient Satisfaction Survey

(Please complete this survey with staff upon completion of service)

1. The staff at (AGENCY NAME) reviewed my Title VI rights with me upon admission?  
Yes or No
2. A copy of my Title VI rights was provided to me after being reviewed with me upon my admission to (AGENCY NAME). Yes or No
3. The staff at (AGENCY NAME) informed me that equal treatment is afforded to all, and that each participant cannot be denied services because of their race, disability, color, religion, age and national origin? Yes or No
4. The (AGENCY NAME) staff informed me of where the Title VI posters are located and of the person and telephone number to call to file a discrimination complaint. Yes or No.
5. I feel that my Title VI rights have been honored while receiving services from (AGENCY NAME). Yes or No

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Client signature

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Date

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Staff Signature

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Date

Ken H: 05182016

(Agency Name) Employees Title VI Trained July 1, XXXX - June 30, XXXX. Training was conducted using TDMHSAS website Title VI presentation at:

<https://www.tn.gov/behavioral-health/for-providers/training/crisis-services-and-suicide-prevention-training/title-vi-.html>

STAFF NAME	DATE TRAINED

Next Title VI annual training for existing staff and volunteers will be (XX/XX/XXXX). New hires are trained in orientation.

Policy and Procedure No. **34A**

(Agency Name)

**Section: Rights of Clients**

**| Policy: 48**

**Title: Title VI Complaint Policy and Procedure**

**Purpose:** To ensure Title VI compliance and outline the process for resolving, to every extent possible, Title VI complaints.

### **Policy**

The Title VI of the Civil Rights Act of 1964 provides:

**"No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."**

It is the policy of (Agency Name) to comply with Title VI in the provision of services. All Title VI complaints will be investigated in a timely manner by the (Agency Name) Title VI Coordinator.

It is the policy of (Agency Name) to provide free interpreter services to any person with Limited English Proficiency (LEP).

It is the policy of (Agency Name) to provide residential room assignments without regard to race, color, national origin, or LEP.

It is the policy of (Agency Name) to provide crisis services without regard to immigration status.

There shall be no retaliation against any client, employee or other individual who complains about discrimination, participates in a discrimination proceeding or who files a charge of discrimination against (Agency Name).

## **Procedure**

- A. Within the first ninety (90) days of employment, and annually thereafter, (Agency Name) will provide training for all employees on their responsibilities under
- B. Title VI and the penalties for noncompliance. Orientation and training will be documented on the Relias Transcript for each individual.
- C. Clients will be notified in writing at the time of intake of their right to file a Title VI complaint and of the process for doing so. This information will be provided within The (Agency Name) Client Resource Guide. In addition, a Title VI poster will be placed in each waiting area and a pamphlet entitled "Equal Opportunity is the Law in Tennessee" which contains additional information about Title VI will also be available in each waiting area for clients to read and take with them.
- D. Any client who feels that they have received unfair treatment because of their race, color, or national origin has the right to file a complaint using one of three options:
  - a) Call the (Agency Name) Complaint Line at xxx-xxx-xxxx to report the issue or concern. The information will be documented on a Title VI Complaint Form, which will be forwarded to the Title VI Coordinator.
  - b) Write down the complaint in their own words.
  - c) Fill out a complaint form available at each outpatient clinic office. Either method of written complaint should be sent to the Centerstone Title VI Coordinator. Local support staff will provide contact information, as needed.

The complainant may ask someone for help with documenting his or her concern or completing the form. The complainant also has the right to file the complaint with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) or with the Office for Civil Rights in Atlanta, Ga. at any stage of the complaint process.

- E. The (Agency Name) Title VI Coordinator is responsible for investigating each complaint within thirty (30) days of receipt and all staff are expected to cooperate fully with the investigative process. Written findings will be submitted to the CEO. The complainant will receive a written response from the Title VI Coordinator, which must include notification of the right to appeal to either the TDMHSAS Title VI Coordinator, or the Office for Civil Rights in Atlanta, Ga. Assistance in filing appeals will be provided to the complainant if they seek it.

- F. The complainant can withdraw the complaint at any time and must do so in writing.
- G. On an annual basis the (Agency Name) Title VI Coordinator will comply with TDMHSAS Title VI monitoring requirements including completion of the Title VI Compliance Plan Survey.

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Chief Executive Officer

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Date

( AGENCY LETTERHEAD/LOGO )  
( AGENCY NAME )  
( AGENCY ADDRESS )

## Title VI Unfair Treatment Complaint Form

Federal laws state that recipients of Federal financial assistance, including state departments and the entities in which state departments distribute financial assistance should not discriminate on the grounds of race, color, national origin, sex, age, beliefs or disability.

If you feel you have been treated unfairly for any of these reasons, you have the right to file a formal complaint. Complete the following information so that your complaint may be processed:

**1. Are you filing this complaint for yourself? ☐ Yes ☐ No**

If no, tell us your name & relationship: \_\_\_\_\_  
Give us a phone number where we can reach you: (\_\_\_\_) \_\_\_\_\_

**2. What is the name of the person you feel was treated unfairly?**

<b>Name of Person (complainant)</b> _____/_____/_____ Last First Middle Initial			<b>Date of Birth</b> ____-____-____ Month / Day / Year
<b>Full Mailing Address</b> _____ _____ Street Number and Name, Rural Route, Apartment Number, Lot Number, P.O. Box, etc.			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	Daytime Phone ( ) Evening Phone ( )

**3. Who do you think treated this person unfairly?**

Name  
Address  
City, State, and Zip Code  
Phone Number (\_\_\_\_\_) - or - (\_\_\_\_\_).



**4. Check the box or boxes that you think were the reason for the unfair treatment:**

Race ☐ Color ☐ Birthplace ☐ Language Spoken ☐ Sex ☐  
Religion ☐ Beliefs ☐ Age ☐ Disability ☐

What date/s did the unfair treatment take place?

Do you think it has happened at other times? ☐ Yes ☐ No If yes, how many other times? \_\_\_\_\_

Have you complained about this problem before and tried to have it stopped? ☐ Yes ☐ No

If yes, who have you talked to about it? Name/s: \_\_\_\_\_

When did you talk to them about it? (dates) \_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply.

Federal agency	<input type="checkbox"/>	Federal court	<input type="checkbox"/>
State agency	<input type="checkbox"/>	State court	<input type="checkbox"/>
		Local agency	<input type="checkbox"/>

If yes, tell us the name of the contact person at the agency/court where you filed the complaint:

Name:

Agency/Court Name:

Address:

City, State, and Zip Code:

Phone Number: (\_\_\_\_) \_\_\_\_\_

**5. In your own words, write-out what happened, and how this treatment was different from others**  
(You can attach more pages if you need them and remember to number them).

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please sign below and attach any other information that you think may be helpful.

Sign here: X \_\_\_\_\_ Date: \_\_\_\_\_

If you filled out this page for someone else, sign here: X \_\_\_\_\_

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please call ( Agency Name) at \_\_\_\_\_ (contact numbers) \_\_\_\_\_) for help.

OR

To get help in another language, call one of these numbers:

Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	615-313-9840
Bosnian	1-877-652-3069	615-313-9382
Kurdish-Badinani	1-877-652-3046	615-313-9840
Kurdish-Sorani	1-877-652-3046	615-313-9840
Somali	1-877-652-3054	615-313-9894
Spanish	1-800-254-7568	615-227-7568
Vietnamese	1-800-269-4901	615-313-9899

Once this form is completed, please send to:

(Agency Name) Title VI Coordinator (Name of Person)

(Agency Name) Title VI Coordinator's Address

( Agency Name ) does not support unfair treatment based on race, color, language spoken, sex, religion, beliefs, handicap/disability or age.

COMPLAINT UNDER CIVIL RIGHTS ACT OF  
1964

Date: \_\_\_\_\_

TO: ( AGENCY NAME )

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I, \_\_\_\_\_, hereby file an official complaint against  
Name of Person with Title VI complaint

\_\_\_\_\_  
Name of Person and/or Agency

located at: \_\_\_\_\_

Complainant's Name (please print):

\_\_\_\_\_

Complainant's Address (please print):

\_\_\_\_\_  
\_\_\_\_\_

Basis of complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

Complaint's Signature: \_\_\_\_\_

\*\*\*\*\*

Upon completion, this form should immediately be

Forwarded to (Agency), Title VI Coordinator

( AGENCY NAME )  
REPORT OF INVESTIGATION

I, \_\_\_\_\_, representing \_\_\_\_\_  
Agency Civil Rights Coordinator Name of Facility

Have investigated the complaint filed on \_\_\_\_\_ by \_\_\_\_\_  
Date

\_\_\_\_\_(Complainant's Printed Name)\_\_\_\_\_ alleging that discrimination occurred which was in violation of the provisions of Title VI of the Civil Rights Act, 1964.

The results of the investigation were as follows:

- A. The agency or person was found to be in violation of Title VI.
- B. The agency or person was not found to be in violation of Title VI.
- C. The person with the Title VI complaint withdrew the complaint using Form "D".

\*A copy of the investigative report is attached.

NOTE: If the agency or person was found to be in violation of Title VI,  
Describe the remedial action taken by the agency to assure future compliance:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Civil Rights Coordinator

## APPEAL FROM FINDING

Date \_\_\_\_\_

TO: ( AGENCY NAME )

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I, \_\_\_\_\_, wish to appeal the finding made on

\_\_\_\_\_ by \_\_\_\_\_  
Date of Finding Name of Investigator/s

of ( ) Non-Discrimination and/or ( ) the proposed remedial action by the agency in the  
Title VI complaint, filed by \_\_\_\_\_  
Person with Title VI complaint

on \_\_\_\_\_ against \_\_\_\_\_  
Date of Finding Person with Agency

at \_\_\_\_\_  
Location

Signed: \_\_\_\_\_  
Appellant  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address

( AGENCY NAME )

*WITHDRAWAL OF COMPLAINT OR APPEAL  
FOR FAIR HEARING*

Date: \_\_\_\_\_

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TO: (AGENCY NAME)

I, \_\_\_\_\_, hereby withdraw my ( ) \*complaint or ( ) \*\* appeal,  
Complainant

filed on \_\_\_\_\_ against \_\_\_\_\_  
Date Name of Person or Agency

located at: \_\_\_\_\_

Complainant's Name (please print):

\_\_\_\_\_

Complainant's Address (please print):

\_\_\_\_\_

\_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\* Check appropriate term, Complaint or Appeal

\*\* Appeal from finding

Complainant Signature: \_\_\_\_\_

(AGENCY LETTERHEAD/LOGO)  
( AGENCY NAME )  
( AGENCY ADDRESS )

## **Title VI Retaliation**

It is illegal for \_\_\_\_\_ AGENCY NAME \_\_\_\_\_  
to "retaliate" against service recipients because they filed a charge of discrimination  
or because they complained to another entity about program services  
discrimination, or because they participated in a discrimination proceeding (such as  
an investigation or lawsuit).

Further, it is illegal for \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ to  
refuse to provide program services because a service recipient filed a charge of  
discrimination with an entity such as this agency, or Tennessee Human Rights  
Commission, or Tennessee Department of Mental Health and Substance Abuse  
Services, or the Federal Office of Civil Rights, even if later it was determined that  
no discrimination occurred.

Should a service recipient feel that they are being retaliated, they have the right to  
submit a complaint to an entity that they feel most comfortable with for review and  
resolution (see attachment).

Policy and Procedure No. \_\_\_\_\_

Authority Signature \_\_\_\_\_

(Name and Position of Authorized Signature)

Date \_\_\_\_\_

KenH: 04052016

**Department of Mental Health and Substance Abuse Services**

*500 Deaderick Street*

*Nashville, TN 37243*

*(800)560-5767*

*[OCA.TDMHSAS@tn.gov](mailto:OCA.TDMHSAS@tn.gov)*

- See more at: <https://www.tn.gov/behavioral-health#sthash.2CVT5YQm.dpuf>

**Tennessee Human Rights Commission**

*312 Rosa L Parks Ave, 23rd floor*

*Nashville, TN 37243*

*(800) 251-3589*

*[ask.thrc@tn.gov](mailto:ask.thrc@tn.gov)*

- See more at: <http://tn.gov/humanrights/#sthash.IHGTkATK.dpuf>

**Southeast Region - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)**

*U.S. Department of Health and Human Services – Office for Civil Rights*

*Sam Nunn Atlanta Federal Center, Suite 16T70*

*61 Forsyth Street, S.W.*

*Atlanta, GA 30303-8909*

*Customer Response Center: (800) 368-1019*

*Fax: (202) 619-3818*

*TDD: (800) 537-7697*

*Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)*

*<http://www.hhs.gov/ocr/about-us/contact-us/index.html>*

Revised 3/14/2019



**Title VI Training Program**  
**for**  
**Agency Employees and Volunteers**

During New Employee/Volunteer Orientation, (*Agency Name*) Title VI Coordinator discusses Title VI compliance with each new staff and volunteer member. They are given a copy of the discrimination policy and information on how to file a complaint; including addresses and phone numbers of the agencies they can contact to file a complaint. They are directed to where the posters and brochures are located in the agency. They are required to take the Title VI initial training through (*identify the method of training here*) and make a passing score of 80% or more within 60 days of hire. A copy of their score is kept in their training file and personnel record.

Annually, each employee and volunteer is required to take the refresher Title VI course through (*identify the method of training here*). A copy of their passing score (80% or higher) is kept in their training file and personnel record.

Each employee and volunteer can, at any time, request information or ask questions about Title VI from the (*Agency*) Title VI Coordinator at (*HR telephone number*).

Policy and Procedure No. 49

Authority Signature \_\_\_\_\_

(Name and Position of Authorized Signature)

Date \_\_\_\_\_

<b>EMPLOYEE/VOLUNTEER TITLE VI TRAINING LOG</b>
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[illegible]

**(Agency Name) Tennessee Relay Service/LEP  
POLICY & PROCEDURES**

<b>Subject:</b> TENNESSEE RELAY SERVICE/ LEP POLICY	<b>References:</b>
<b>Approved By:</b>	<b>Forms &amp; Attachments:</b> (Title IV/Section 504 p&p (ADM-CR-002) and forms, List of Translators/Interpreters)
<b>Effective/Revised Date:</b>	<b>Policy #:</b>

**PURPOSE:** To assist clients in obtaining necessary interpreter services.

**POLICY:** (Agency Name) will provide services to individuals, who have the inability to speak, read, write, or understand the English language at a level that permits a client to interact effectively with (Agency Name) staff.

As client needs present, every effort will be made to locate appropriate interpreters. (Agency Name) will also use a list of interpreters supplied by the Department of Mental health.

Access to the Tennessee Relay Service (TN Relay) is available at [Tennessee Relay](#) website for clients with limited English proficiency. Notice of language assistance for LEP clients is posted at all center locations.

**DEFINITION: LIMITED ENGLISH PROFICIENCY, “LEP”-** Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

- Executive Order 13166 (August 11, 2000) requires all agencies that provide federal financial assistance to issue guidance on how recipients of that assistance can take reasonable steps to provide meaningful access consistent with Title VI and the Title VI regulations.
- Not providing services that are accessible constitutes discrimination based on national origin.

**PROCEDURES:**

**TN Relay Services:**

As a service to Tennessee’s deaf, deaf-blind, hard-of-hearing, and hearing and speech-impaired community, the Tennessee Relay Service (TNRS) provides free, statewide assisted telephone service to those with speech, hearing, and visual impairments.

Operated under contract by Sprint and regulated by the Tennessee Regulatory Authority, relay service links conversations between people who use text telephones (TTY’s) or telebraille (TB) devices and people who use standard telephones.

### How Relay Service Works

A person using a TTY or TB device (TTY or TB machines are optional for deaf-blind persons) types his or her conversation. The typed message is relayed by a Relay Center specialist, called a Communications Assistant (CA), who reads the message to the person using a standard telephone. The CA communicates the hearing person's spoken words by typing them back to the TTY user. All calls are confidential.

*Confidentiality: Calls made through Tennessee Relay Service are confidential. It is illegal for CAs to disclose information from relayed telephone conversations. No records of relayed conversations are kept.*

### Using A TTY for a Relay Call

- Dial the Tennessee Relay Service at 1 (800) 848-0298.
- The Relay Center will send this message: "TN RELAY CA 2345F NBR CALLING PLS GA." Which stands for: Tennessee Relay Center. Number calling, please. Go ahead. The gender of the CA is also displayed.
- Type the area code and number along with any additional calling instructions. Then type "GA."
- The CA will type back the number requested which indicated the number is being dialed. Then type the response of the called party. "Ringing #, Hello (F) GA." The letter (F) indicates the gender of the person that answered the phone.
- To make another relay call when finished, do not hang up. The CA will be ready to place your next call.

### Using a Voice Telephone for a Relay Call

Follow these steps to communicate with a person who uses a TTY or TB device:

1. Call the Tennessee Relay Service at 1 (800) 848-0299.
2. Listen for the greeting: "Tennessee Relay Service. CA#. "May I have the number you are calling?"
3. Give the CA the number you are calling. (You are now ready to talk).
4. Begin speaking as you would during a regular telephone conversation. The CA will relay your conversation.
5. Each time you finish speaking, say, "Go ahead" to inform the CA that you are ready to receive the TTY user's response.
6. If you want to make another call when you are finished, do not hang up. The CA will be ready to place your call.

### Servicio de Relevó en Español

Los clientes hispanoparlantes que deseen una llamada de relevó en español pueden obtener acceso al servicio marcando los siguientes números: 1(866) 503-0263 (Voice, TTY, ASCII). Para información adicional sobre servicio de relevó en español, comuníquese con el servicio al cliente del servicio relevó de MCI.

### Billing Options

There are six (6) billing options available to users of relay service:

1. Collect calls
2. Calling card calls
3. Calls billed to a third party
4. Pre-paid phone cards
5. Person-to-person calls
6. Credit card (Discover or MasterCard)

Inform the CA as to the type of call you are making.

### Emergency Calls

The Tennessee Relay Center will assist in providing a connection to the emergency service needed. However, Relay Service is not and should not be used as a substitute for 911 emergency services. To ensure that your emergency call is handled as quickly as possible, please call your local emergency service number directly.

If you have questions or comments about Tennessee Relay Service, or experience service problems, please call Tennessee Relay Center Customer Service at 1(866) 503-0262 (TTY, Voice, ASCII, STS). Or for additional information contact the Tennessee Regulatory Authority at 1(888) 276-0677 (TTY) or 1(800) 342-8359.

## Relay Service Phone Numbers

Tennessee Relay Services can be reached by simply dialing one of the following telephone numbers:

Statewide Access	711
TTY/PC Users	800-848-0298
Voice Users	800-848-0299
Espanol	866-503-0263
Speech-to-Speech	866-503-0264
900 Access	900-476-2727 (TTY)
Customer Service	866-503-0262 (Voice, TTY, ASCII, STS)

Sprint is the statewide provider of Relay service.

### Directory assistance

Sprint can assist callers with directory assistance. Simply inform the CA that you would like directory assistance and they will provide the help.

### What is Caller Profile?

Set up your caller profile and you will not have to say how you want your call handled every time you call the relay center. The Tennessee Relay can handle your future relay calls just the way you like it and know how you want your calls to be handled. Below are the options available.

- Answer Protocol - Whether you choose VCO or HCO, your call will be answered in the protocol you request.
- Do Not Announce - The CA will not announce the call as a relay call or give instructions on how to use relay service.
- No Background Noises- The CA will eliminate the background noises during the relayed conversation. Abbreviate Auto-Messages- Instead of relaying a recorded message verbatim, you can save time by asking the CA to abbreviate the messages from automated or voice response systems.
- Slow Typing- The CA will type slower than required.

- ASL Translation- The CA will type in written format similar to American Sign Language and translate the typed message into conversational English.
- Speed Dial List- A list of 30 of your most frequently called telephone numbers. Just give list name or telephone number of the person you want to call that is on your list and the CA will dial the number.
- Personal Pass Code- Protect your speed dial list with an established personal pass code. When you are away from your normal.

### Using A Payphone

You can access the Tennessee Relay Center from any payphone. No coins are needed. Local calls are free. Long-distance calls can be made using any of the six (6) billing options.

### Interpretation services

For clients with limited English proficiency, (Agency Name) contracts with (Name of Interpretation Service) for interpretation and translation services.

If you need an interpreter, then please follow the following steps:

1. Dial 1.800.CALL.CLI (1-800-225-5254)
2. When the operator answers, tell them:
  - a. Your customer code is 94642
  - b. You are with (Agency Name)
  - c. The language that you need
  - d. Your name, phone number, and location
  - e. Please let the operator know if you would like to connect to multiple parties (call a patient/client at home for example).
3. The operator will connect you with an interpreter promptly.

### *Recommendations for Effectively Using the Services of an Over-the-Phone Interpreter:*

For outbound calls:

- If you need to call a Limited English Proficient (LEP) party at home or need a third-party dial-out to include an additional party, please ***first*** inform the CLI Customer Service Representative (CSR) ***before*** the interpreter is connected.
- Once the interpreter is connected, you may tell the interpreter who to ask for (the LEP's name).
- At this time, you may also tell the interpreter how to proceed if the call goes to an answering machine and what message to leave if desired.

For Inbound calls:

- Explain to the LEP that all information is confidential, and encourage questions.
- Speak clearly.
- Smile and be kind; this helps the LEP feel more comfortable.
- If face-to-face and multiple people are in the room, speak one at a time.
- Short sentences are easiest to interpret.
- Speak freely; all CLI interpreters are sworn to confidentiality and the Interpreter's Code of Ethics
- Encourage the interpreter to clarify terms with you if necessary.

#### List of Additional Translators/Interpreters

***Certified Languages is used for ALL language interpretation unless special arrangements made on an individual basis for program services.***

For Sign Language (In-Person): (Insert the appropriate agency below)

Hearing Bridges (Nashville) - covers Murfreesboro, Smyrna, Franklin, Gallatin, Lebanon- 615/248-8828

Partnership for Families- covers Chattanooga, Cleveland, Madisonville, Athens, Rhea, Jasper- 423/697-3842



# Dial 7-1-1. It's a breeze to communicate with anyone and say "Hello!"



Dialing **7-1-1** will connect you to Tennessee Relay, a free service which allows effortless communication for people who are deaf, deafblind, hard-of-hearing, speech-disabled, and hearing.

It is very simple to make phone calls. Just:

- 1) Dial **7-1-1\*** or use the toll-free numbers listed below.
- 2) Give the relay operator the number of the person you are calling.
- 3) Easily communicate - an operator will relay the messages between you and the other person.



## TTY User



**TTY to Voice**  
800-848-0298

## Voice User



**Voice to TTY**  
800-848-0299

## Voice Carry-Over User



**Voice Carry-Over**  
866-931-9027

## People with Speech Disabilities



**Speech-to-Speech**  
866-503-0264  
**Hearing Carry-Over**  
800-848-0298

## Spanish User



**Spanish Relay**  
866-503-0263

## Customer Service



**TTY or Voice** 866-503-0262  
**Español** 800-676-4290  
**CapTel** 888-269-7477  
**Speech-to-Speech** 877-787-1989

■ [www.tennrelay.com](http://www.tennrelay.com) ■

Tennessee Relay and Sprint Relay partner to provide this free accessible service for all citizens and visitors of Tennessee.

**(Agency Name/Letterhead)**

**Fraud, Waste and Abuse Policy and Procedures**

(Agency Name) is a nonprofit organization, which is partially funded by public, charitable contributions and by taxpayer-funded grants received from the federal government, channeled through the Tennessee Department of Substance Abuse Services. It is the policy and intent of (Agency Name) that all funds received are to be handled in ethical ways, only for the purposes described in the organization's charter, in its mission statement, and as directed by its Board of Directors. Further, those policies and organization procedures support and restrict the use of all funds received from donations and government entities to use as intended by the granting entity.

It is the firm policy of (Agency Name) that any reported instance or suspicion of fraud, waste or abuse of (Agency Name) resources of any kind will be fully investigated by organization representatives. Any client, staff member, donor, or other party who knows of or suspects such fraud, waste, or abuse is encouraged to report those instances to the appropriate authority within the organization.

If the fraud, waste, or abuse is suspected of any staff person other than the executive director, the report should be made in confidence to the executive director. If the executive director is suspected of such inappropriate actions, the report should be made to the president of (Agency Name) Board of Directors. If the reporting person believes that appropriate investigation and response has not been effected by the organization after a reasonable period, after the report is made, he or she is encouraged to report their suspicions or knowledge to the Tennessee Comptroller of the Treasury via its hotline as described below.

Any persons who may be accused of wrongdoing within the organization shall be given full opportunity to be presented with the accusations, and to respond fully, including presentation of evidence, information, or facts that may contradict any allegations against them.

Since October 1983, the Comptroller of the Treasury has provided a toll-free hotline for reporting fraud, waste, and abuse of government funds and property. Periodicals throughout Tennessee publish information to alert citizens to the hotline and to encourage them to report wasteful, inefficient, or fraudulent activities. In addition, all state agencies, as well as those agencies receiving community grant funds, are required to call attention to the hotline by displaying in a prominent place signs with the following language:

**If you observe an agency director or employee engaging in any activity which you consider to be illegal, improper or wasteful, please call the State Comptroller's Toll-Free Hotline at 1-800-232-5454**

In January 2013, the Comptroller of the Treasury established a website for reporting fraud waste and abuse. Please click below to be directed to the online reporting website.

**Comptroller's Fraud Hotline Online Form**

<https://apps.cot.tn.gov/ANTS/Submission/Submit>

Calls and online submissions to the hotline should concern allegations of fraud, waste, and abuse. Substantive notifications, may concern a wide range of entities, including municipalities, counties and state agencies and departments. In the event of no substantive notifications, such as requests for assistance or information, the reporting party may be referred to the appropriate agency or department for assistance.

Tennessee Comptroller of the Treasury

**COMPTROLLER'S FRAUD HOTLINE  
IMPORTANT GUIDELINES**

**What we investigate**

- Illegal acts affecting state or local governments such as theft, fraud, and conflicts of interest
- Significant abuse of state or local government equipment or property
- Clear misuse of state or local government property, programs, or work time for personal gain
- Gross misconduct of state or local government officials or employees resulting in significant financial effects
- Consistent wasteful conduct by state or local government officials or employees with significant financial implications
- Kickbacks or bribes to state or local government workers or officials or to state or local government vendors

### **What we do NOT Investigate**

- Improper acts by federal officials or related to federal programs not administered by the state, such as federal income tax
  - Improper acts of private entities not contracting with state or local government entities
  - Allegations against state or local government employees or officials regarding personal matters
  - Human mistakes by state or local government employees
  - Allegations against state or local government employees
  - Allegations involving imminent risks of bodily harm (child abuse, elder abuse, etc.)
- 

### **What we need to begin our review:**

In order to most efficiently utilize our investigative resources, and to protect the identity and reputation of individuals incorrectly accused of committing improper acts, we do not undertake formal investigations without adequate cause. Evidence to corroborate your allegation such as documents, witnesses, and other specific and relevant information assists in determining whether there is adequate cause to warrant an investigation. Please be sure to provide:

- Specific and relevant information
- First last names of any individuals mentioned
- Contact information of any individuals mentioned
- Location or address at which the improper activity is occurring
- Documentation or other evidence, if available

Absent such information, we may conclude that an investigation is not warranted.

### **What we will do with your information:**

- Conduct an initial assessment to determine if facts are sufficient to indicate that fraud has occurred
- Open a formal investigation if sufficient evidence indicates fraud or illegal acts by state or local government officials or employees
- Review the financial implications of an allegation about significant waste or abuse of State or local government resources
- Refer criminal matters to the local District Attorney General or State Attorney General as appropriate
- Refer concerns about poor performance or inefficiencies to the appropriate government agency for resolution

“Please remember that we do not have enforcement authority, we are a reporting agency only.”

## Report Fraud Waste and Abuse

Please provide name of the entity, agency, or department involved

Please provide the names, job titles, and departments of the individuals involved

In your own words, please describe the who, what, when, where, how and nature of the fraud, waste or abuse (please provide as much detail as possible, including names and positions of those involved; nature of the fraud, waste or abuse; dates and times; amounts; records involved; how the fraud was discovered; etc)

Please provide name of the entity, agency, or department involved City/Town, School, Utility District, Not for Profit, State Agency, County, Government/Agency, Other

How were you made aware of the problem?

If you reported your concern to any other official, department, or agency, please list them here

Please explain how you think government or public funding is involved in this matter

Please identify your relationship to the organization in question Citizen, CPA, Public Official, Other

### Contact info for individual reporting

For CPAs/Public Officials - please provide your name, title, and contact information.

For Citizens - If you wish to remain anonymous, you do not have to provide contact information. However, we encourage you to provide your contact information if we have any follow-up questions that may arise during our review. The information you provide in this notification is considered confidential under Tennessee Code Annotated Section 8-4-407. However, we cannot guarantee anonymity or complete confidentiality if the Comptroller's Office has a separate legal obligation to cooperate in subsequent criminal, civil or administrative legal proceedings related to your allegation(s). The Comptroller's Office does not provide you, or anyone else, with status updates on your allegation(s). If additional information is needed from you, we will contact you.

### Please Mail To

Comptroller Of The Treasury  
Division of Investigations  
Cordell Hull Building  
425 Fifth Ave North, 3rd Floor  
Nashville TN, 37243

Policy    **51A**

(Agency) Executive Director's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 3/14/2019