



Title VI Complaint Form

Lifeworks Services, Inc. is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, or national origin. Use this form to file a Title VI complaint. Complaints should be filed within 180 calendar days of the alleged incident.

SECTION I — CONTACT INFORMATION	
Name:	
Address:	
Telephone (Home):	Telephone (Work):
Email Address:	
Accessible Format Requirements?	☐ Large Print ☐ Audio ☐ TDD/TTY ☐ Other: _____

SECTION II — FILING ON BEHALF OF ANOTHER PERSON	
Are you filing this complaint on your own behalf?	☐ Yes ☐ No
If you answered "Yes," go to Section III. If "No," complete the information below.	
Name of person for whom you are filing:	Relationship:
Please explain why you are filing for a third party:	
Have you obtained permission from this person to file on their behalf?	☐ Yes ☐ No

SECTION III — COMPLAINT INFORMATION
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 the names and contact information of any witnesses. If more space is needed, attach additional pages.

LIFEWORKS.ORG

6636 Cedar Ave S, Suite 250, Richfield, MN 55423 | 866-454-2732

Lifeworks Services, Inc. is a 501(c)(3) private, nonprofit organization and an equal opportunity employer.

This information can be provided in an alternative format upon request.

**SECTION IV — PREVIOUS TITLE VI COMPLAINT**

Have you previously filed a Title VI complaint with Lifeworks Services, Inc.?

☐ Yes ☐ No

SECTION V — COMPLAINTS FILED WITH OTHER AGENCIES OR COURTS

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 or court where the complaint was filed.

Name:

Title:

Agency / Court:

Telephone:

Address:

SECTION VI — AGENCY THE COMPLAINT IS AGAINST

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

Signature

Date:

SUBMIT THIS FORM TO

Lifeworks Services, Inc.
Corporate Compliance Officer, Compliance and Quality Assurance Department
6636 Cedar Ave S, Suite 250, Richfield, MN 55423
651-454-2732 | Compliance@Lifeworks.org

You may also file a Title VI complaint directly with the Minnesota Department of Transportation or the Federal Transit Administration. See the Lifeworks Title VI Complaint Procedure for filing information and additional details.

Language assistance and alternative formats are available upon request at no cost. Contact Lifeworks using the information above.

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