



Title VI/Nondiscrimination

Policy Statement:

Community Habilitation Center, Inc. d/b/a The WOW Center values diversity and welcomes input from all interested parties, regardless of cultural identity, background or income level. Moreover, the Community Habilitation Center, Inc. believes that the best programs and services result from careful consideration of the needs of all of its communities and when those communities are involved in the transportation decision making process. Thus, Community Habilitation Center, Inc. does not tolerate discrimination in any of its programs, services or activities. Pursuant to Title VI of the Civil Rights Act of 1964 and other federal and state authorities, the Community Habilitation Center, Inc. will not exclude from participation in, deny the benefits of, or subject to discrimination anyone on the grounds of race, color, national origin, sex, age, disability, religion, income or family status.

Complaint Procedures:

Community Habilitation Center, Inc. has established a discrimination complaint procedure and will take prompt and reasonable action to investigate and eliminate discrimination when found. Any person who believes that he or she has been subjected to discrimination based upon race, color, national origin, sex, religion, age, disability, family or income status in any of county/city's programs, services or activities may file a complaint with Community Habilitation Center, Inc. Title VI/Nondiscrimination Coordinator:

Lourdes Matamoros
Director of Social Services
Nondiscrimination Coordinator
11450 SW 79th Street,
Miami, FL 33173
Email: info@wowcentemiami.org
Phone: (305) 2797999
Fax: (305) 279-6627

Complaint forms are available upon request.

Attached is a sample of the complaint form.



Empowering individuals
with disABILITIES.

DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint. You may send a letter or e-mail instead of this form, but the letter or e-mail must include the information in items one through nine and item fourteen of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____

Middle Name: _____ Address: _____

City: _____ State: _____ Zip

Code: _____ Home Telephone: _____

Work Telephone: _____ E-mail Address: _____

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

3. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip

Code: _____ Department/School: _____

4. The regulations of this center enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination based on race (specify)

Discrimination based on color (specify)

Discrimination based on national origin (specify)

Discrimination based on sex (specify)

Discrimination based on disability (specify)

Discrimination based on age (specify)

Retaliation because you filed a complaint or asserted your rights (specify)

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

6. What is the most **recent date** you were discriminated against?

Date: _____

7. If the allegations contained in this complaint have been filed with any Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: _____ Date Filed: _____

Case Number or Reference: _____ Results of

Investigation/Findings by Agency or Court:

Contact Person: (If any)

Please sign and date your complaint below.

(Date) (Signature)

(Date) (Signature of person in Item 2)