

**Beacon Mental Health**  
**Title VI Complaint Form**

INSTRUCTIONS: If you would like to submit a Title VI Complaint to Beacon Mental Health, please complete the form below and return to: Compliance Officer, Beacon Mental Health, 3100 NE 83<sup>rd</sup> Street, Suite 1001, Kansas City, MO 64119. For questions, contact Beacon Mental Health at (186) 468-0400.

1. Name (Complainant):	
2. Phone:	3. Home Address (Street #, City, State, Zip Code)
4. If applicable, the name of the person(s) who you believe discriminated against you:	5. Date of the incident:
6. Discrimination based on (please circle all that apply):  Race                  Color                  National Origin	
7. Briefly explain what happened and how you believe you were discriminated against. Please include how you believe that others were treated differently than you.	
8. Why do you believe these events occurred?	