## Alabama Department of Environmental Management Title VI Complaint Form 572

## Available in the following locations:

Department website: www.adem.alabama.gov

Hard copy:

ADEM - Main Office ADEM - Birmingham Field Office ADEM - Decatur Field Office 1400 Coliseum Boulevard 110 Vulcan Road 2715 Sandlin Road, S.W. Montgomery, Alabama 36110 Birmingham, Alabama 35209 Decatur, Alabama 35603

ADEM – Mobile Coastal Office 1615 South Broad Street Mobile, Alabama 36615

Available in appropriate language for LEP populations.

Section I:				
Name:				
Address:				
Telephone (Home):	Telephone (Work):			
Email Address:				
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 are complaining:	r whom you			
Please explain why you have filed for a third party:		1		
Please confirm that you have obtained the permission of the of	the third	Yes	No	
party if you are filing on their behalf.	ine imia	163	INO	
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
[]! Race []!Color []!! National Origin []!Age	[]!Sex	[]‼Disability		
Date of Alleged Discrimination (Month, Day, Year):				
Explain as clearly as possible what happened and why you beli persons who were involved. Include the name and contact infor (if known) as well as names and contact information of any witr additional pages.	mation of the p	person(s) who discrimi	nated against you	

Section IV:			
Have you previously filed a Title \	/I complaint with this agency?	Yes	No
Section V:			
Have you filed this complaint with	any other Federal, State, or local agenc	v. or with any Federal or	State court?
Yes No	, , ,	,	
If yes, Check all that apply:			
Federal Court	State Court	Local Court	
Federal Agency	State Agency	Local Agency	
Please provide information about	a contact person at the agency/court wh	nere the complaint was f	iled.
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI:			
Name of person, company or age	ency the complaint is against:		
Contact person:			
Title:			
Telephone number:			
You may attach any written m complaint. Signature and date required b	aterials or other information that pelow:	you think is relevan	t to your
Signature		Date	
Please submit this form to ad	dress below, or email this form to	):	
Attn: Nondiscrimination Co Alabama Department of En 1400 Coliseum Blvd. Montgomery, Alabama 361 civilrightsassistance@adem.a	vironmental Management		

The Department will investigate all complaints received. An investigator will be assigned by the Department's Nondiscrimination Coordinator. The investigator will fairly and promptly investigate and review all evidence presented regarding the complaint with a goal of notifying the complainant of the Department's findings within 180 days of receipt of the complaint.

The Department shall not retaliate, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege granted under 40 C.F.R. Parts 5 and 7, or because an individual has filed a complaint or has testified, assisted, or participated in any way in an investigation, or has opposed any practice made unlawful under 40 C.F.R. Parts 5 and 7.