



## TITLE VI NOTICE TO THE PUBLIC

**LifeSpring Health Systems** gives public notice of its policy to assure full compliance with Title VI of the Civil Rights Act of 1964 and all related statutes. Title VI requires that no person in the United States of America shall, on the grounds of race, color, or national origin be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which **LifeSpring Health Systems** receives Federal financial assistance.

To request a copy of the Authority's Title VI program in any format contact **LifeSpring Health Systems Performance Improvement Department at 812-280-2080**.

Any person who believes that he or she has, individually, or as a member of any specific class of persons, has been excluded from participation in, been denied the benefits of, or otherwise subjected to discrimination under any **LifeSpring Health Systems** service, program or activity, and believes the discrimination is based upon race, color, or national origin has the right to file a formal complaint.

Complaints will be accepted in writing and may be filed with:

**LifeSpring Health Systems**

Performance Improvement Department  
460 Spring Street  
Jeffersonville, IN 47130

A signed written complaint must be submitted within 180 days of the alleged discriminatory act (or latest occurrence). Individuals may also file complaints directly with the U.S. Department of Transportation (USDOT), and/or the Federal Transit Administration (FTA) within the 180 day timeframe (Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave. SE, Washington, DC 20590).

Complaints may also be filed by calling LifeSpring Health Systems Performance Improvement Department 812-280-2080.

The complaint should at a minimum include the following information:

- Your name and address, and a telephone number where you may be reached during business hours
- A general description of the person(s) or class of persons injured by the alleged discriminatory act(s);
- A description of the alleged discriminatory act(s) in sufficient detail to enable the Performance Improvement Department to understand what occurred, when it occurred, and the basis of the alleged discrimination complaint (race, color, national origin, disability);
- The letter must be signed and dated by the person filing the complaint or by someone authorized to do so on his or her behalf.

If this information is needed in a different language contact: 812-280-2080 or visit: [www.lifespringhealthsystems.org](http://www.lifespringhealthsystems.org)

Si se necesita informacion en otro idioma de contacto: 812-280-2080 o visita: [www.lifespringhealthsystems.org](http://www.lifespringhealthsystems.org)