

Title VI Program

LifeSpring Health Systems

Updated Date 02/14/2023

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SECTION ONE – APPROVAL OF TITLE VI PLAN

Policy Statement

LifeSpring, operating demand response transit provider, as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Indiana Department of Transportation (INDOT), will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the U.S. Department of Transportation Implementing regulations, FTA Circular 4702.1B, and INDOT Public Transportation requirements as specified in Master Grant Agreement, and State Management Plan. LifeSpring operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act.

Title VI Plan Revision Log

Date Month/day/year	Section Revised	Summary of Revisions
02/14/2023	Policy Statement, Notice to the Public, Handling a Complaint, Interpretation Services, Monitoring Subrecipients, Facility Acquisition, Fixed Route Provider	Changed the policy statement to reflect the example given. Notice to Public - took out the "disability" language. Complaints - added option for telephone call. Interpretation - updated language to reflect our new interpretation services; Added sections eight, nine, and ten.

Title VI Plan
Section 5310 grantee

Adopted on: 2/28/2023

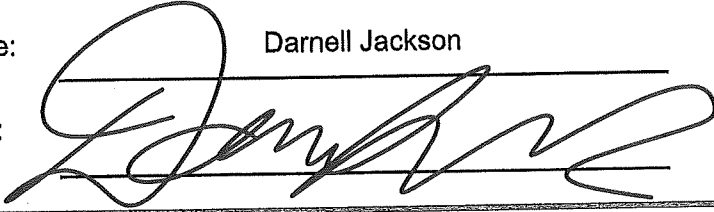
Adopted by: LifeSpring Health Systems Board of Directors

Revised on: 2/14/2023

This policy is hereby adopted and signed by:

Section 5310 grantee

Chairperson Name/Title: Darnell Jackson

Chairperson Signature: 

Policy Statement

The **Section 5310 grantee** as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Indiana Department of Transportation (INDOT) will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the U.S. Department of Transportation implementing regulations.

Title VI Plan Elements

The **Section 5310 grantee's** Title VI plan includes the following elements:

1. *Evidence of Policy Approval*
2. *Notice to the Public*
3. *Complaint Procedure*
4. *Complaint Form*
5. *List of transit related Title VI Investigations, Complaints and Lawsuits*
6. *Public Participation Plan*
7. *Language Assistance Plan*
8. *Minority Representation Table and Description*
9. *Monitoring Subrecipients*
10. *Analysis for Facility Acquisition*
11. *Fixed Route Transit Provider*

Note: Additional materials will be attached, if required.

SECTION TWO - 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, 5th 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, or 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

Si se necesita información en otro idioma de contacto: 812-280-2080 o visita: www.lifespringhealthsystems.org

Also found in Attachment A, along with Spanish version.

The Notice to the Public is posted:

- On our website at
<https://www.lifespringhealthsystems.org/wp-content/uploads/2025/03/LifeSpring-Title-VI-Notice-to-the-Public-Updated-2025.pdf>
 Spanish: <https://www.lifespringhealthsystems.org/wp-content/uploads/2025/03/Title-VI-Notification-to-Public-SPANISH-Updated-2025.pdf>
- In the reception area of all of our offices, and
- In all agency vehicles used to transport clients.

SECTION THREE - COMPLAINT INSTRUCTIONS AND FORM

LifeSpring Health Systems Title VI Procedures

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color, or national origin by Corporate Compliance Officer may file a complaint by completing and submitting Corporate Compliance Officer the Title VI Complaint form.

How do you file a complaint?

You may download the Title VI Complaint Form at www.lifespringhealthsystems.org, or request a copy by writing or phoning LifeSpring Health Systems Department of Performance Improvement, 460 Spring Street, Jeffersonville, IN 47130 phone/812-280-2080.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.
- The names of any persons, if known, whom the director could contact for clarity of your allegations.

Please submit your complaint form to address listed below:

Corporate Compliance Officer
 Department of Performance Improvement
 LifeSpring Health Systems
 460 Spring Street
 Jeffersonville, IN 47130

How will your complaint be handled?

LifeSpring Health Systems Investigates complaints received no more than 180 days after the alleged incident. LifeSpring will process complaints that are complete. Once a completed complaint is received, LifeSpring will review it to determine if LifeSpring has jurisdiction. The complainant will receive either a phone call or an acknowledgement letter informing her/him whether the complaint will be investigated by LifeSpring Health Systems.

LifeSpring Health Systems will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, LifeSpring may contact the complainant. Unless a longer period is specified by LifeSpring, the complainant will have ten (10) days from the date of the letter to send requested information to the LifeSpring Health Systems investigator assigned to the case.

If a LifeSpring Health Systems investigator is not contacted by the complainant or does not receive the additional information within the required timeline, LifeSpring may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, LifeSpring Health Systems will discuss the results via phone call or issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation.

If a complainant disagrees with LifeSpring, he/she may request reconsideration by submitting a request in writing to LifeSpring Health Systems President/CEO within seven (7) days after the date of a letter, stating with specificity the basis for the reconsideration. The President/CEO will notify the complainant of their decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the President/CEO will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

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Si se necesita información en otro idioma de contacto: 812-280-2080 o visita: www.lifespringhealthsystems.org

Title VI Complaint Tracking Log can be found in Attachment B.

LifeSpring Health Systems Title VI/ADA Discrimination Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
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 whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
Title VI: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability				
Other:				
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 names and contact information of any witnesses. If more space is needed, please use the back of this form.				
Section IV				
Have you previously filed a Title VI complaint with this agency?		Yes	No	
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
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 required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:
 Corporate Compliance Officer
 Department of Performance Improvement
 460 Spring Street
 Jeffersonville, IN 47130

SECTION FOUR - TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS

There have been no investigations, complaints, and/or lawsuits filed against us during the report period.

Type	Date	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Complaints	N/A			
Investigations	N/A			
Lawsuits	N/A			

SECTION FIVE - PUBLIC PARTICIPATION PLAN

LifeSpring works hard to engage minority, limited English proficient (LEP) populations, and traditionally underserved populations such as people with disabilities, low-income populations, and others.

Outreach Efforts

Agency board meetings are held at various sites and locations throughout the LifeSpring Health Systems service system. Meetings are typically held after work hours to accommodate our volunteer board's schedules. We do not provide transportation to meetings.

Board meetings are closed and not open to the public. Transportation riders or clients can make comments or complaints in the following ways:

- The LifeSpring website is monitored by a member of the Executive Management Team. All complaints or comments regarding transportation are provided to the person who oversees this function and to the Executive Director who is a seated member of the Board of Directors.
- Complaints are made to the Performance Improvement Department. The VP of Quality Management oversees these complaints, and is the Compliance Officer for our organization, and has a reporting duty to the Board of Directors outside of the Executive Director.

Additionally, LifeSpring makes an effort to have a presence in area groups such as the Hispanic Connection of Southern Indiana and the Minority Health Coalition, and hosts annual events aimed at minority and underserved populations, such as a Community Health Fair held each year during Hispanic Heritage Month. LifeSpring also maintains relationships with organizations serving minority, LEP, and underserved populations and participates in events put on by these organizations. LifeSpring hosts a Diversity and Inclusion Committee, as well as a Health Equity Program Manager to facilitate efforts to reduce healthcare disparities for our patients and community.

Finally, LifeSpring participates in several quality improvement processes each year that solicit feedback from consumers. These initiatives include several satisfaction surveys. One survey looks at overall satisfaction and others are subject matter specific.

SECTION SIX – LANGUAGE ASSISTANCE PLAN


1. Results of the Four Factor Analysis

Factor 1 – Demography

LifeSpring provides transportation services in Dubois, Jefferson, Scott, Clark, Floyd and Washington counties in Indiana.

The Safe Harbor Threshold is calculated by dividing the population estimate for a language group that “speaks English less than very well” by the total population of the county. The LEP Safe Harbor Threshold provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1000 individuals, whichever is less), the Section 5310 grantee must provide translation of vital documents in written format for non-English speaking persons.

The Migration Policy Institute reports approximately 2,100 LEP individuals of the 118,900 individuals in the six counties serviced. The specific language is Spanish in the most highly populated area, and likely Spanish in the other counties as well. This group is over the 5% or 1000 person threshold so vital documents have been made available in both English and Spanish.

					
Indiana: Languages Spoken by Limited English Proficient (LEP) Individuals Statewide and by County: Number and Share of Total State/County Population*					
*LEP number estimates by language are displayed only if 500 persons or more; LEP percentage estimates by language are displayed only if 5 percent or more.					
State	County	Total Population	Total LEP Population	Language 1 (name)	Language 1 (LEP number)
Indiana	Dubois County	39,200	1,400	Spanish	1,100
Indiana	Jefferson County	30,500	400		
Indiana	Scott County	22,600	200		
Indiana	Washington County	26,600	100		

Additionally, LifeSpring has contracts with local interpreter services to call upon when oral translation is needed.

Factor 2 – Frequency

LifeSpring surveyed staff, including van drivers and office personnel to determine the frequency of contact with LEP persons. Staff report they interact with individuals speaking “English less than very well” less than once a month.

LifeSpring will continue to monitor encounters and consider making adjustments as needed to its outreach efforts to ensure meaningful access to all persons and specifically to LEP and minority populations of LifeSpring’s programs and services.

Factor 3 – Importance

LifeSpring understands an LEP person with language barrier challenges also faces difficulties obtaining health care, education, or access to employment. A transportation system is a key link to connecting LEP people to these essential services.

LifeSpring is the state designated community mental health center in eleven southern Indiana counties. We provide comprehensive behavioral healthcare services in eleven southern Indiana counties. Our outpatient offices are open Monday-Friday, with hours varying by location. Our transportation services are limited to transporting clients to receive behavioral health and primary care treatment and to engage in treatment related activities.

Factor 4 – Resources and Costs

LifeSpring does not have a separate budget for LEP outreach, however, the LEP population is identified by the agency and Board as an important demographic to reach, and general outreach efforts include special outreach to the LEP, minority, and underserved populations. LifeSpring does have some staff who speak Spanish fluently. Additionally, we contract with local interpreter services to provide translation services as needed. In Dubois Co., where there is the highest concentration of Spanish speakers, we work with Affordable Language Services as well as an independent contractor. We will continue to work with local advocacy groups to reach LEP populations and will increase resources as needed.

2. Description of How Language Assistance Services are Provided

LifeSpring has some staff who speak Spanish fluently. Other languages are spoken, but not with a degree of fluency that permits reliable communication. Other than Spanish, staff are not used to translate. Our agency contracts with local interpreter services to provide translation services when needed. All sites have the ability to translate for Spanish, among other languages. When an individual calls to schedule an appointment, they are screened for LEP and information is provided during that time and in subsequent communications. If it is determined that an individual needs translation services, staff are trained on how to respond and access such services. LifeSpring has staff that are fluent in Spanish, American Sign Language, Hindi, Urdu, Pashto, Persian, Czech, and Slovak. Additionally, at the Integrated Treatment Center and at the Jasper office, there are tablets available to connect clients to Language Services Associates.

3. Description of How LEP Persons are Informed of the Availability of Language Assistance Service

LifeSpring provides information to the community at events and fairs and we order community outreach brochures from organizations such as SAMHSA in Spanish and use those during community events. Additionally, some of LifeSpring's general brochures are available in Spanish. We participate in presentations and community events reaching more than 300,000 people a year. These events include events targeting specific populations such as LEP and minorities. LifeSpring hosts a Community Health Fair annually during Hispanic Heritage Month and works with area advocacy groups to ensure the fair covers needed services, provides needed information, and has interpreters available. Our Community Outreach Coordinator is active in area minority health coalitions and has relationships with area advocacy groups. We work to provide information to individuals in Spanish (the primary alternative language in our area) when possible. Our intake forms are now available on our website in Spanish. When possible, information is shared on social media in Spanish as well. We will continue our outreach efforts to underserved populations and continue to adjust services and resources available as needed.

4. Description of How the Language Assistance Plan is Monitored and Updated

Agency policies and procedures are reviewed annually to ensure they are up to date. Client files are audited to ensure individuals with LEP receive the most appropriate services in the language native to them.

5. Description of How Employees are Trained to Provide Language Assistance to LEP Persons

All staff receive annual training in all areas related to cultural competence, including language assistance efforts. Staff work with clinical leadership to navigate the local interpreter service contracts and to ensure clients receive the highest quality of service. When an individual calls to schedule an appointment, they are screened for LEP and information is provided during that time and in subsequent communications. If it is determined that an individual needs translation services, staff are trained on how to respond and access such services.

SECTION SEVEN – MINORITY REPRESENTATION INFORMATION

The table below depicts LifeSpring's Board of Directors, which oversees all LifeSpring services, including transportation. LifeSpring is not a part of any outside councils or committees related to transit.

Table Depicting Membership of Committees, Councils, Broken Down by Race

Body	Caucasian	Latino	African American	Asian American	Native American
Population of Service Area	97%	4%	1%	0.7%	0.4%
Agency Board of Directors	77%	8%	15%	0%	0%

Population data taken from U.S. Census Quick Facts 2019

LifeSpring understands a diverse representation of the population on committees, councils, and boards results in a comprehensive policy that reflects its entire population. We encourage participation of all citizens. As vacancies on boards, committees, and councils become available, LifeSpring will continue to make efforts to encourage and promote diversity. The application for the Board of Directors is available to the public on the agency website. We will continue our community outreach to organizations connected with all facets of the area population in order to connect with all populations.

SECTION EIGHT – PROVIDING ASSISTANCE TO AND MONITORING SUBRECIPIENTS

1. Does the agency provide funding to subrecipients?

No, the agency does not have subrecipients.

Yes. If yes, list the subrecipient names:

LifeSpring monitors subrecipients using the following process:

1. LifeSpring uses the following process for ensuring all subrecipients are complying with the general reporting requirements of FTA Circular 4702.1B:
(document the process here)
2. LifeSpring collects Title VI programs from the subrecipients listed above and reviews programs for compliance by (list the process here)

SECTION NINE – TITLE VI EQUITY ANALYSIS FOR FACILITY ACQUISITION

Title 49 CFR, Appendix C, Section (3)(iv) requires “the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.” For purposes of this requirement, “facilities” does not include bus shelters, as they are considered transit amenities. It also does not include transit stations, power substations, or any other project evaluated by the National Environmental Policy Act (NEPA) process. Facilities included in the provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc. Has the agency built a facility?

No, the agency has not built a facility.

Yes, the agency has built a facility and completed a Title VI equity analysis to compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site. (Include at the end of the Title VI plan a copy of the Title VI equity analysis.)

SECTION TEN – FIXED ROUTE TRANSIT PROVIDER REQUIREMENTS

LifeSpring:

Is a fixed route transit provider

Is not a fixed route transit provider

ATTACHMENT A
TITLE VI NOTICE TO THE PUBLIC



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, 5th Floor-TCR, 1200 New Jersey Ave. SE, Washington, DC 20590).

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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.

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Si se necesita informacion en otro idioma de contacto: 812-280-2080 o visita: www.lifespringhealthsystems.org



NOTIFICACIÓN AL PÚBLICO

LifeSpring Health Systems da a conocer públicamente su política de garantizar el pleno cumplimiento del Título VI de la Ley de derechos civiles de 1964 y de todas las normas conexas. El título VI exige que ninguna persona en los Estados Unidos de América sea excluida de la participación en el programa o actividad para la que **LifeSpring Health Systems** reciba asistencia financiera federal por motivos de raza, color, o origen nacional, ni se le nieguen los beneficios o se la someta de otra manera a discriminación en virtud de cualquier programa o actividad para la que reciba asistencia financiera federal.

Solicitar una copia del programa del Título VI de la Autoridad en cualquier formato a ponerse en contacto con **el Departamento de Mejora del Rendimiento de LifeSpring Health Systems al 812-280-2080.**

Toda persona que considere que ha sido excluida de la participación en un servicio, programa o actividad de **LifeSpring Health Systems**, o que es miembro de una clase específica de personas, se le han negado los beneficios o se le ha discriminado de alguna otra manera, y cree que la discriminación se basa en la raza, el color, o el origen nacional tiene derecho a presentar una denuncia formal.

Las quejas se aceptarán por escrito y podrán presentarse ante:

LifeSpring Health Systems

Performance Improvement Department
460 Spring Street
Jeffersonville, IN 47130

Se debe presentar una queja por escrito firmada dentro de los 180 días siguientes al supuesto acto discriminatorio (o acontecimiento más reciente). Las personas también pueden presentar quejas directamente ante el Departamento de Transporte de los Estados Unidos (USDOT), y/o la Administración Federal de Tránsito (FTA) dentro del plazo de 180 días (Oficina de Derechos Civiles, Atención: Título VI Coordinador del Programa, Edificio Este, 5º Piso-TCR, 1200 avenida Nueva Jersey. SE, Washington, DC 20590).

También se pueden presentar quejas llamando al Departamento de Mejora del Rendimiento de LifeSpring Health Systems 812-280-2080. La denuncia debe incluir como mínimo la siguiente información:

- Su nombre y dirección, y un número de teléfono al que se puede llegar durante el horario laboral
- Una descripción general de la persona o clases de personas lesionadas por los presuntos actos discriminatorios;
- Una descripción de los presuntos actos discriminatorios con suficiente detalle para que el Departamento de Mejoramiento de la Actuación Profesional pueda comprender lo que ocurrió, cuando ocurrió, y la base de la presunta denuncia por discriminación (raza, color, origen nacional, u discapacidad);
- La carta debe ser firmada y fechada por la persona que presenta la queja o por alguien autorizado a hacerlo en su nombre.

ATTACHMENT B
TITLE VI COMPLAINT TRACKING LOG

ATTACHMENT C
TITLE VI COMPLAINT FORM
AND PROCEDURES

LifeSpring Health Systems Title VI Procedures

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You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.
- The names of any persons, if known, whom the director could contact for clarity of your allegations.

Please submit your complaint form to address listed below:

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Department of Performance Improvement
LifeSpring Health Systems
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If a LifeSpring Health Systems Investigator is not contacted by the complainant or does not receive the additional information within the required timeline, LifeSpring may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, LifeSpring Health Systems will discuss the results via phone call or issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation.

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www.lifespringhealthsystems.org

Si se necesita información en otro idioma de contacto: 812-280-2080 o visita:

www.lifespringhealthsystems.org

Title VI Complaint Tracking Log can be found in Attachment B.

LifeSpring Health Systems Title VI/ADA Discrimination Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
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 whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
Title VI: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability				
Other:				
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 names and contact information of any witnesses. If more space is needed, please use the back of this form.				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
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 required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:
 Corporate Compliance Officer
 Department of Performance Improvement
 460 Spring Street
 Jeffersonville, IN 47130

LifeSpring Health Systems Título VI Procedimientos

El Título VI de la Ley de Derechos Civiles de 1964 exige que "ninguna persona en los Estados Unidos será excluida de participar en un programa o actividad que reciba asistencia financiera federal por motivos de raza, color, origen nacional, u discapacidad, ni se le negarán los beneficios o será objeto de discriminación en virtud de ese programa o actividad".

Toda persona que considere que ha sido agraviada por una práctica discriminatoria ilegal basada en la raza, el color, o el origen nacional, por el responsable del cumplimiento de las normas de empresa puede presentar una denuncia rellenoando y presentando al responsable del cumplimiento de las normas de empresa el formulario de denuncia del título VI.

¿Cómo se presenta una queja?

Puede descargar el formulario de queja del Título VI en www.lifespringhealthsystems.org, o solicitar una copia por escrito o llamando al Departamento de Mejora del Rendimiento de LifeSpring Health Systems, 460 Spring Street, Jeffersonville, IN 47130 phone/812-280-2080.

El cliente puede presentar una queja firmada, fechada y escrita no más de 180 días después de la fecha del presunto Incidente. La denuncia debe incluir:

- Su nombre, dirección y número de teléfono.
- Cómo, por qué y cuándo crees que te discriminaron. Incluir la mayor cantidad de información específica y detallada posible sobre los presuntos actos de discriminación y cualquier otra información pertinente.
- Los nombres de cualquier persona, si se conoce, a la que el director podría ponerse en contacto para aclarar sus alegaciones.

Envíe su formulario de queja a la dirección que se indica a continuación:

Oficial de Cumplimiento de Normas Corporativas
Departamento de Mejora del Rendimiento
LifeSpring Health Systems
460 Spring Street
Jeffersonville, IN 47130

¿Cómo se manejará su queja?

LifeSpring Health Systems investiga las quejas recibidas no más de 180 días después del supuesto incidente. LifeSpring procesará las quejas que estén completas. Una vez que se reciba una queja completa, LifeSpring la revisará para determinar si LifeSpring tiene jurisdicción. El denunciante recibirá una carta de acuse de recibo o una llamada telefónica en la que le informará de si la denuncia será investigada por LifeSpring Health Systems.

LifeSpring Health Systems generalmente completará una investigación en un plazo de 90 días a partir de la recepción de un formulario de queja completado. Si se necesita más información para resolver el caso, LifeSpring puede ponerse en contacto con el denunciante. A menos que LifeSpring especifique un plazo más largo, el denunciante dispondrá de diez (10) días a partir de la fecha de la carta para enviar la información solicitada al investigador de LifeSpring Health Systems asignado al caso.

Si el denunciante no se pone en contacto con un investigador de LifeSpring Health Systems o no recibe la información adicional dentro del plazo requerido, LifeSpring podrá cerrar administrativamente el caso. Un caso puede cerrarse administrativamente también si el autor ya no desea seguir adelante con su caso.

Una vez finalizada la investigación, LifeSpring Health Systems enviará una llamada telefónica o una carta al denunciante en la que se resumirán los resultados de la investigación, se indicarán los resultados y se informará de las medidas correctivas que se adopten como resultado de la investigación.

Si el denunciante no está de acuerdo con LifeSpring, podrá solicitar una reconsideración presentando una solicitud por escrito al Presidente/Director General de LifeSpring Health Systems dentro de los siete (7) días siguientes a la fecha de la carta, en la que expondrá con precisión la base de la reconsideración. El Presidente/Director General notificará al autor de la queja su decisión de aceptar o rechazar la solicitud de reconsideración en un plazo de diez días. En los casos en que se conceda la reconsideración, el Presidente/Director General enviará una carta de determinación al denunciante una vez concluido el examen de reconsideración.

Una persona también puede presentar una denuncia directamente ante la Administración Federal de Tránsito, en la Oficina de Derechos Civiles del TLC, 1200 New Jersey Avenue SE, Washington, DC 20590.

Si se necesita información en otro idioma de contacto: 812-280-2080

LifeSpring Health Systems Formulario de Quejas de Title VI/ADA Discriminación

Sección I:				
Nombre:				
Dirección:				
Teléfono (Casa):			Teléfono (Trabajo):	
Correo Electrónico:				
Requisitos de formato accesible?	Letra Grande		Cinta de audio	
	TTY		Otro	
Sección II:				
¿Está usted presentando esta queja en su propio nombre?		Si*		No
*Si usted contestó "si" a esta pregunta, pase a la Sección III.				
Si no es así, por favor proporcione el nombre y la relación de la persona por la que usted se queja:				
Por favor, explique porqué se ha declarado en un tercero:				
Por favor, confirma que ha obtenido la autorización de la parte perjudicada si está presentando en nombre de un tercero.			Si	No
Sección III:				
Creo que la discriminación que experimenté fue basada en (marque todo lo que corresponda):				
Title VI: <input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen Nacional <input type="checkbox"/> Discapacidad				
Other:				
Fecha de la discriminación alegada (Mes, Día, Año): _____				
Explicar lo más claramente posible lo que pasó y por qué cree que fue discriminado. Describir todas las personas que estuvieron involucradas. Incluir el nombre y la información de contacto de persona(s) que lo discriminó (si se conoce), así como los nombres y la información de contacto de los testigos. Si se necesita más espacio, por favor use el reverso de esta forma.				
<hr/> <hr/>				
Sección IV				
¿Ha presentado anteriormente una queja de Título VI con esta agencia?		SI		No
Sección V				
¿Ha presentado esta queja en cualquier otra agencia federal, estatal o local, o con cualquier corte federal o estatal?				

Si No

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal: _____

Corte Federal _____

Agencia Estatal _____

Corte Estatal _____

Agencia Local _____

Por favor proporcionar información sobre la persona de contacto en la agencia/tribunal donde se present la queja.

Nombre:

Título:

Agencia:

Dirección:

Teléfono:

Sección VI

Nombre de la agencia de la cual la queja ese en contra:

Persona de contacto:

Título:

Teléfono:

Por favor adjunte cualquier matieral excrito o cualquier otra información que usted piensa que es relevante para su queja.

Firma y fecha abajo requieren

Firma

Fecha

Por favor, envíe este formulario en persona en la dirección indicada más abajo, o envíe este formulario a:

Oficial de Cumplimiento de Normas Corporativas
Departamento de Mejora del Rendimiento
460 Spring Street
Jeffersonville, IN 47130