



U.S. Environmental Protection Agency

Office of Civil Rights

External Compliance and Complaints Program

COMPLAINT FORM

The purpose of this form is to assist you in filing an administrative complaint with the Office of Civil Rights, External Compliance and Complaints program. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

Full Name: (b)(6) Privacy, (b)(7)(C) Enf. Privacy

Address: Kingshill VI

Zip: 00850

Daytime Telephone No.: Home (b)(6) Privacy

Evening Telephone No.:

Work Telephone No.: () NA

Best Time to Call: Any X

Email: (b)(6) Privacy

2. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: (b)(6) Privacy

Telephone No.:

Best Time to Call: anytime

1997 2 6 2012

3. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: NONE

Address: _____
_____ Zip _____

Telephone No.: (____) _____

4.* Person(s) and/or Group(s) discriminated against, if different from above:

Name: (b)(6) Privacy

Address: _____ Zip 00850

Telephone No.: Home: (____) _____ Work: (____) _____

Please explain your relationship to this person(s).

son

5.* Business, Organization or Institution that discriminated:

Name: Department of Human Services headstart of Preschool

Any individual if known (b)(6) Privacy

Address: 6179 Annus Hope E
Christiansted USVI zip 00850

Telephone No.: 349 773-1972 x 223

5B.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity: _____

National origin: _____

Sex: _____

Religion: _____

Age: _____

Disability: Juvenile Diabetes Type 1 and Celiac Disease

5C.* Employment: Does your complaint concern discrimination in employment by the Department or Agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

Race/Ethnicity: _____

National origin: _____

Sex: _____

Religion: _____

Age: _____

Disability: _____

6.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: Oct. 2010

Most recent date of discrimination: Sept 2010

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

I had no knowledge of what to do or where to go. In addition, during the up and down with my son care I got sick and only recently regain my strength to continue the fight for my son right. I had to search for assistance online because I am not financially stable at this moment due to my son medical situation and being suspended and accuse of job abandonment.

8.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you or how you were effected differently than others. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

We were discriminated because the Dept of Human Services Headstart and Preschool don't have any nurses to care for children with special conditions. In addition, the staff are not train to handle situation such as seizures or with children who has diabetes. We was discriminated because the Dept. didn't and refuse to make reasonable accommende due to their medication policy. If there is no nurse there is no 504 plan in place for children with Juvenile diabetes.

9. The laws we enforce prohibit recipients of U.S. Environmental Protection Agency assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #8), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the retaliation.

I was retaliated against by the Director of the Personnel Division Mr. Kenneth [REDACTED] and the Office of the Lieutenant Governor. Mr. [REDACTED] was aware of an investigation against Human Services, therefore he reported the the employer that I was out of work due to my own education as oppose to his medical. The employer believe and in turn suspended w/ indication that I abandoned my job.

10. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint

10. (b)(6) Privacy
Office of the Lieutenant Governor
#18 Kongens Gade
St. Thomas VI 00802
(b)(6) Privacy, (b)(7)(C) Enf. Privacy

(b)(6) Privacy (HR Department)
Office of the Lieutenant Governor
#18 Kongens Gade
St. Thomas VI 00802
(b)(6) Privacy, (b)(7)(C) Enf. Privacy

Since 2010 to 2011 I have been in constant communication with (b)(6) Privacy concerning, time documents and health situation.

(b)(6) Privacy
Department of finance
2314 Kronprindsens Gade, Charlotte Amalie
St. Thomas VI 00802-6253

7:

(b)(6) Privacy
Since 2010 I have been communicating with Ms (b)(6) Privacy I have sent personal documents relating to time, medical, Doctors request and requirements. (b)(6) Privacy was the individual who explain the process to me and instructed that I need not to send the Doctor's letter to the office of the Lieutenant Governor due to Privacy Act.

Name: (b)(6) Privacy

Address:

151st USVI Zip 00840

Telephone No.: (c) (b)(6) Privacy

11. Do you have any other information that you think is relevant to our investigation of your allegations?

The USVI Government is in a financial situation and many Directors have been doing what they want in order to terminate people employment as to the Governor request. It is known that health care assistant in the schooling systems is poor and sometimes people wanted it to get what is need.

12. What remedy are you seeking for the alleged discrimination? Note that an investigation of your complaint may not be able to give you the remedy you seek, but this information could be useful to the investigation.

Department of Human Services provide accommodation to children with Juvenile Diabetes, change their policies to meet the necessary health conditions. Compensate for the years in which son wasn't providing the schooling or care. Make it law that they provide care to these children. Provide all the assistant needed to care for my son. This situation has impose stress along with I being terminated and told/stated I abandoned my job. Presently, not working due to situation, got ill due to stress, and no justice has been made. For every hardship that has been brought onto my family should receive form of compensation and justice.

13. Have you (or the person discriminated against) filed the same or any other complaints with other offices at the U.S. Environmental Protection Agency?

Yes No

If so, do you remember the Complaint Number?

OCR Transaction No.

(b)(6) Privacy, (b)(7)(C) Ent. Privacy

Against what agency and department or program office was it filed?

Department of Health & Human Services, Office of Civil Rights

Address: Jacob Jants Federal Building

26 Federal Plaza Suite 3312 Zip New York NY 10028

Telephone No.: 212 264-3313, 800-368-1019

Date filed: _____

Briefly describe what the complaint was about.

Discrimination - Disability

What was the result?

Pending Investigation

14. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following? If yes, please select the office where you filed. If not, please skip this item.

Any other Federal Department or Agency

U.S. Equal Employment Opportunity Commission

Federal or State Court

Your State or local Human Relations/Rights Commission

Grievance or complaint office

15. If you intend to or have already filed a charge or complaint with an entity indicated in # 14 above, please attach a copy of that complaint or any additional information describing that complaint. Also, please provide the following information :

Entity filed with: _____

Date filed: _____

See attachment

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

17. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

uncertain

18. We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(b)(6) Privacy



3/19/2012

Note: Please feel free to add additional sheets to explain your concerns and attach any relevant documentation.

The Department of Human Service needs to implement policies and procedures designed to afford children with disabilities a benefit equal to that provided to others. In addition it needs to be make mandatory that they intake reasonable modification in policies, practices, and procedures when necessary to provide appropriate supervision or assistance to children with disabilities in order to ensure safe practices and participation in day care and preschool facilities.