

Appendix B: Title VI Complaint Procedures

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Coastal Seniors Transit System may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Coastal Seniors investigates complaints received no more than 180 days after the alleged incident. Coastal Seniors will process complaints that are complete.

All Title VI and related statute complaints are considered formal- there is no informal process. Complaints must be in writing and signed by the complainant on the form provided. Complaints must include the complainant's name, address and phone number and be detailed to specify all issues and circumstances of the alleged discrimination. Allegations must be based on issues involving race, color or national origin. Title VI Complaints of discrimination may be filed with:

Coastal Seniors
Attn: Title VI Operations Manager
P.O. Box 437
Point Arena, CA 95468

Once the complaint is received, Coastal Seniors will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by Coastal Seniors.

Coastal Seniors has 30 days to investigate the complaint. If more information is needed to resolve the case, Coastal Seniors may contact the complainant. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, Coastal Seniors can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Appendix C: Title VI Complaint Form

Section 601 under Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall, on the ground 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." **If you feel you have been discriminated against, please provide the following information in order to assist Coastal Seniors in processing your complaint.**

SECTION 1 (Please print clearly):

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (Home) _____ (Work)

Accessible format requirements? ____ (Large print) ____ (Audiotape) ____ (TDD) ____ (Other)

SECTION 2

Are you filing this complaint on your own behalf? ____ (Yes) ____ (No)

If you answered yes to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

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 the third party. ____ (Yes) ____ (No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):

_____ Race _____ Color _____ National Origin

Date and Place of Occurrence: _____

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

The action or decision which caused me to believe I was discriminated against is as follows:

(Please include a description of what happened and how your benefits were denied, delayed or affected):

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

SECTION 4

Have you previously filed a Title VI complaint with this agency? ____ (Yes) ____ (No)

SECTION 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? ____ (Yes) ____ (No)

If yes, check all that apply:

Federal Agency ____ Federal Court ____ State Agency ____ State Court ____ Local Agency ____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge.

Signature and date required below:

Signature

Printed Name

Date

Please submit this form in person at the address below or mail this form to:

Coastal Seniors Title VI Operations Manager
P.O. Box 437
Point Arena, CA 95468