

Cleburne County Aging Program, Inc. Transportation Program

TITLE VI COMPLAINT PROCEDURES

GENERAL

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance.

The Cleburne County Aging Program has adopted a complaint procedure providing for prompt and equitable solution of complaints alleging any action prohibited by the U.S. Department of Justice regulations including but not limited to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Civil Rights Restoration Act of 1973, Civil Rights Restoration Act of 1987, and Americans with Disabilities Act of 1990.

Any person believing, he or she has been excluded from, denied participation in, denied the benefits of, or otherwise has been subjected to discrimination under any Cleburne County Aging Program service, program or activity (whether federally funded or not) due to that person's race, color, national origin, religion, sex, age, or disability has the right to file a complaint. Cleburne County Aging Program's Personnel Policy governs employment-related complaints of discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 180 calendar days after the alleged violation to:

Title VI Coordinator
Cleburne County Aging Program
P.O. Box 831
Heber Springs, Arkansas 72543
Email: **ksperatosccap@gmail.com**
Telephone: **(501) 362-2413** (voice/TTY 711)

Within 15 calendar days after receipt of the complaint, the Title VI Coordinator or designee will contact the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the Title VI Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain the position of the Cleburne County Aging Program and offer options for substantive resolution of the complaint.

If the response by the Title VI Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the response to the Federal Transit Administration (FTA).

Cleburne County Aging Program will retain a log of all Title VI complaints received by the Title VI Coordinator for at least five (5) years. The log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response of the complaint.

Alternate formats of this policy (large print, Braille, audiotape) are available upon request. Please contact Cleburne County Aging Program at (501) 362-2413 (voice/TTY 711).

NOTICE OF NONDISCRIMINATION

The Cleburne County Aging Program complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Cleburne County Aging Program does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability in the admission, access to and treatment in the Cleburne County Aging Program's programs and activities, as well as the Cleburne County Aging Program's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Cleburne County Aging Program's nondiscrimination policies may be directed to Title VI Coordinator, Cleburne County Aging Program, (501) 362-2413, (Voice/TTY 711), or the following email address: ksperatosccap@gmail.com.

Free language assistance may be available upon request.

This notice is available from the ADA/Section 504/Title VI Coordinator in large print, on audiotape, and in Braille.

Title VI and Related Programs Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 states "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."

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

Language assistance may be available upon request.

Please contact **Cleburne County Aging Program, Inc. at (501) 362-2413.**

Complete this form and return it to:

Cleburne County Aging Program, Inc.

Attn: Title VI Coordinator

P.O. Box 831, Heber Springs, AR 72543

Complainant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

What is the discrimination complaint based on?

Federal Highway Administration (FHWA):

Race

Color

National Origin

Other (specify)

Federal Transit Administration (FTA):

Race

Color

National Origin

Other (specify)

Federal Motor Carrier Safety Administration (FMCSA):

Race

Color

National Origin

Other (specify)

Date of the alleged discrimination: _____

Location: _____

Agency or person that was responsible for the alleged discrimination:

_____ Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

Arkansas Department of Transportation

FHWA

FTA
 Department of
Justice Transit
Provider

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged discrimination.

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature

Date