

TITLE VI COMPLAINT FORM

"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 that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Executive Director
 McDowell County Commission on Aging
 725 Stewart St. Welch, WV 24801
 Donald@mcdowellcoa.org or fax to: 304-436-2006

PLEASE PRINT if you are not completing the on-line version of this form.

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code Telephone Number (Work)		
() ()		
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD		
<input type="checkbox"/> Other (please specify):		
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7		
<input type="checkbox"/> No If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code Telephone Number (Work)		
() ()		
e. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		

Title IV Complaint Form

7. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI) <input type="checkbox"/> Other (please specify)		
8. Date of Alleged Discrimination (Month, Day, Year):		
9. Where did the Alleged Discrimination take place?		
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>		
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>		
12. What type of corrective action would you like to see taken?		
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No a. <input type="checkbox"/> Federal Agency (List agency's name) b. <input type="checkbox"/> Federal Court (Please provide location) c. <input type="checkbox"/> State Court d. <input type="checkbox"/> State Agency (Specify Agency) e. <input type="checkbox"/> County Court (Specify Court and County) f. <input type="checkbox"/> Local Agency (Specify Agency)		
14. Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone ()	
Address:		
City:	State:	Zip Code:

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

Signature and date is required:

If you completed Questions 4, 5 and 6, your signature and date is required

**McDowell County Commission on Aging
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 McDowell County Commission on Aging {hereafter termed MCCOA} may file a complaint by completing and submitting MCCOA the Title VI Complaint form.

How do you file a complaint?

You may download the MCCOA Title VI Complaint Form at mcdowellcoa.org, or request a copy by writing or phoning McDowell County Commission on Aging 725 Stewart St. Welch, WV 24801. 304-436-6588.

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. (See Question 1 of the Complaint Form)
- 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. (See Questions 7, 8, 9, and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Executive Director
McDowell County Commission on Aging
725 Stewart St. Welch, WV 24801

How will your complaint be handled?

McDowell County Commission on Aging {henceforth called MCCOA} investigates complaints received no more than 180 days after the alleged incident. MCCOA will process complaints that are complete. Once a completed complaint is received, MCCOA will review it to determine if MCCOA has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by MCCOA.

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

McDowell County Commission on Aging
Title VI Procedures

If MCCOA investigator is not contacted by the complainant or does not receive the additional information within the required timeline, MCCOA 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, MCCOA will 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 MCCOA determination, he/she may request reconsideration by submitting a request in writing to MCCOA director within seven (7) days after the date of MCCOA letter, stating with specificity the basis for the reconsideration. The director will notify the complainant of his/her decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director 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.

If information is needed in another language, then contact MCCOA at 304-436-6588.