

Title VI Complaint Form and Procedures

HARRISON COUNTY SENIOR CITIZENS' CENTER, INC. 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 Harrison County Senior Citizens' Center, Inc. may file a complaint by completing and submitting Harrison County Senior Citizens' Center, Inc. Title VI Complaint form.

How do you file a complaint?

You may download Harrison County Senior Citizens' Center, Inc. Title VI Complaint Form at www.hcscwv.org, or request a copy by writing or phoning Harrison County Senior Citizens' Center, Inc., 500 W. Main Street, Clarksburg, WV 26301, Phone: 304.623.6795.

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:

Director or Board of Director's President
Harrison County Senior Citizens' Center, Inc.
500 W. Main Street, Clarksburg, WV 26301
Email: director@hcscwv.org

How will your complaint be handled?

Harrison County Senior Citizens' Center, Inc. investigates complaints received no more than 180 days after the alleged incident. Harrison County Senior Citizens' Center, Inc. will process complaints that are complete. Once a completed complaint is received, Harrison County Senior Citizens' Center, Inc. will review it to determine if Harrison County Senior Citizens' Center, Inc. has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by Harrison County Senior Citizens' Center, Inc.

Title VI Complaint Form and Procedures Continued

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

If Harrison County Senior Citizens' Center, Inc. investigator is not contacted by the complainant or does not receive the additional information within the required timeline, Harrison County Senior Citizens' Center, Inc. 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, Harrison County Senior Citizens' Center, Inc. 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 Harrison County Senior Citizens' Center, Inc. determination, he/she may request reconsideration by submitting a request in writing to Harrison County Senior Citizens' Center, Inc. director or Board of Director's President within seven (7) days after the date of Harrison County Senior Citizens' Center, Inc. letter, stating with specificity the basis for the reconsideration. The director or Board of Director's President 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 of Board of Director's President 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 Harrison County Senior Citizens' Center, Inc. at 304.623.6795.

**HARRISON COUNTY SENIOR CITIZENS' CENTER, INC.
TITLE VI COMPLAINT FORM**

"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."

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
Attn: Executive Director & Board of Director's President
Harrison County Senior Citizens' Center, Inc.
500 W. Main Street, Clarksburg, WV 26301
or email to: director@hcscwv.org
or fax to: 304.623.6798

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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. E-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. E-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.		
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)		

