

## **Attachment B**

### **TITLE VI COMPLAINT FORM AND PROCEDURES**

#### **CHANGE, 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 CHANGE, Inc. may file a complaint by completing the submitting CHANGE, Inc.’s Title VI Complaint Form.

##### **How Do You File a Complaint?**

You may download the CHANGE, Inc.’s Title VI complaint Form at [www.changeinc.org](http://www.changeinc.org), or request a copy by writing or phoning CHANGE, Inc. 3136 West St. Weirton WV 26062 (304)797-7733.

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 know, 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:

Jim Boniey, COO

CHANGE, Inc.

3136 West St., Weirton WV 26062

##### **How will your complaint be handled?**

CHANGE, Inc. investigates complaints received no more than 180 days after the alleged incident. CHANGE, Inc will process complaints that are complete. Once a completed complaint is received, CHANGE, Inc. will review it to determine if CHANGE, Inc. has jurisdiction. The

complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by CHANGE, Inc.

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

If CHANGE, Inc. investigator is not contacted by the complainant or does not receive the additional information within the required timeline, CHANGE, Inc may administratively close the case. A case may be administratively closed also if he complainant no longer wishes to pursue their case.

After an investigation is completed, CHANGE, Inc. will issue a letter to the complainant summarizing the result 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 CHANGE,, Inc. 's determination, he/she may request reconsideration by submitting a request in writing to CHANGE, Inc.'s COO within seven (7) days after the date of CHANGE, Inc.'s letter, stating with specificity the basis for the reconsideration. The COO will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the COO 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 Administrative, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington DC 20590.

If information in needed in another language, then contact CHANGE, Inc. at 304-797-7733.

## CHANGE, 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:  
 Jim Boniey, COO  
 CHANGE, Inc.  
 3136 West St.. Weirton WV 26062  
 304-797-7733 or 304-797-7740 (fax)

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

|   |        |                             |
|---|--------|-----------------------------|
| <b>1. Complainant's Name:</b>   |        |                             |
| 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   |        |                             |
| <b>2. Accessible Format of Form Needed?</b> <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD   |        |                             |
| <input type="checkbox"/> Other (please specify):  |        |                             |
| <b>3. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes <b>If YES, please go to Question 7.</b>  |        |                             |
| <input type="checkbox"/> No <b>If no, please go to Question 4.</b>  |        |                             |
| <b>4. If you answered NO to question 3 above, please provide your name and address.</b>   |        |                             |
| 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   |        |                             |
| <b>5. What is your relationship to the person for whom you are filing the complaint?</b>  |        |                             |
| <b>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</b> <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission. |        |                             |
| <b>7. I believe that the discrimination I experienced was based on (check all that apply):</b>  |        |                             |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)   |        |                             |
| <input type="checkbox"/> Other (please specify):  |        |                             |
| <b>8. Date of Alleged Discrimination (Month, Day, Year):</b>  |        |                             |
| <b>9. Where did the Alleged Discrimination take place?</b>  |        |                             |

**CHANGE, INC. TITLE VI COMPLAINT FORM** *(continued)*

**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). *Use the back of this form or separate pages if additional space is required.*

**11. Please list any and all witnesses' names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

**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?**  Yes **If yes, check all that apply.**  No

- a.  Federal Agency (List agency 's name)
- b.  Federal Court (Please provide location)
- c.  State Court
- d.  State Agency (Specify Agency)
- e.  County Court (Specify Court and County)
- f.  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:

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date