

## **Title VI Complaint Form and Instructions**

These complaint procedures apply to the beneficiaries of Tri-County Community Action Agency's programs, activities, and services.

### **RIGHT TO FILE A COMPLAINT:**

Any person who believes they have been discriminated against on the basis of race, color, or national origin by Tri-County Community Action Agency may file a Title VI complaint by completing the Title VI Complaint Form below.

Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

### **HOW TO FILE A COMPLAINT:**

Fill out the Title VI Complaint Form below.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- Specific, detailed information (how, why and when) about the alleged act of discrimination.
- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to the Title VI Investigator at:

Title VI Investigator  
Tri-County Community Action Agency  
1015 Dispatchers Way  
LaGrange, KY 40031

A person may also file a complaint directly to:

Federal Transit Administration, Office of Civil Rights  
1200 New Jersey Avenue SE  
Washington, DC 20590.

If information is needed in another language, contact Tri-County Community Action Agency at (502) 222-1349 or at:

Tri-County Community Action Agency  
1015 Dispatchers Way  
LaGrange, KY 40031

### COMPLAINT ACCEPTANCE:

Tri-County Community Action Agency will process complaints that are complete.

Once a completed Title VI Complaint Form is received, Tri-County Community Action Agency will review it to determine if Tri-County Community Action Agency has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by Tri-County Community Action Agency

### INVESTIGATIONS:

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

If the requested information is not received within that timeframe, the case may be administratively closed. Also, a case may be administratively closed if the complainant no longer wishes to pursue the case, upon written notice, and if the Tri-County Community Action Agency Executive Director approves.

### LETTERS OF CLOSURE OR FINDING:

After the Title VI investigator reviews the complaint, the Title VI investigator will issue one of two letters to the complainant: a closure letter or 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.

- A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with Tri-County Community Action Agency 's determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator, and a copy to the TARC Executive Director, 1000 W Broadway, Louisville, KY 40203, within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Tri-County Community Action Agency will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Tri-County Community Action Agency will issue a determination letter to the complainant upon completion of the reconsideration review.

## TITLE VI COMPLAINT FORM

“No person in the United States shall, on the basis 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:

Title VI Coordinator  
Tri-County Community Action Agency  
1015 Dispatchers Way  
LaGrange, KY 40031

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
d. Email address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
2. Accessible Format of Form Needed? ( ) YES specify: _____ ( ) NO		
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) 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 (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
e. Email address:		
Do you prefer to be contacted by this Email address? ( ) YES ( ) 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. ( ) YES, I have permission. ( ) NO, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply): ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI) ( ) Other (please specify)		

(Continued)

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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. Please explain what remedy or action you are seeking for the alleged discrimination.
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. If YES to question 14 above, 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 are required:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date