Dickinson Public Transit

361 26th St. East
Dickinson, ND 58601
(701) 456-1818

TITLE VI COMPLAINT FORM

PART I - COMPLAINANT INFORMATION (Print all items legibly.)

Name		**Telephone**
Street Address/P.O. Box		**Email Address**
City	**State**	**Zip Code**

PART II - CAUSE OF DISCRIMINATION BASED ON (Check all appropriate box(es).)

☐ Race ☐ Color ☐ National Origin

PART III - THE PARTICULARS ARE (Include names, dates, places, and incidents involved in the complaint. If additional space is needed, attach extra sheet(s).)

PART IV - REMEDY SOUGHT (State the specific remedy sought to resolve the issues(s).)

PART V - VERIFICATION

Complainant's Signature _____ Date _____

INSTRUCTIONS

GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, and income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by Elder Care/Dickinson Public Transit. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.

2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.

3. Complainants **must** include all required information and **must** meet all timeframes as defined in the Stark County Council on Aging Elder Care aka Dickinson Public Transit Client Grievance Procedures which is attached to this Title VI Complaint Form.

4. Legible copies of all available pertinent documentation should be attached to this form.

5. All inquiries should be directed to **Executive Director, 361 26th St. East, Dickinson, ND, 58601, Telephone, (701) 456-1818**.

PART I

Complete all information in this section.

PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV

State the minimum remedy acceptable for resolution of this complaint.

PART V

Sign and date this section to verify the information contained in Parts I through IV.

Complaints filed with U. S. Department of Transportation

Discrimination complaints based on race, color, sex, age, national origin, disability/handicap, and income status may be filed with the Secretary, U.S. Department of Transportation, Room 4132, 400 Seventh Street, Southwest, Washington, D.C. 20590. The complaint **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.

CLIENT GRIEVANCE PROCEDURES

Elder Care recognizes that there are times when the need arises for clients to express concerns or complaints formally. It is the policy of this agency that any client having a good faith grievance be given an opportunity to have that grievance fully and fairly considered and resolved. The following steps can be skipped at the discretion of the Executive Director at any time.

Step 1: Clients with a good faith grievance should first bring the problem to the attention of the person(s) involved. Many concerns can be resolved informally between the parties involved. If the client is uncomfortable with the person, please skip to step 2. If the client has a complaint regarding Elder Care or Dickinson Public Transit's services, please skip to step 2.

Step 2: If a meeting/visit does not resolve the issue, if the client is unable to discuss it with the person(s) involved, or if the complaint is regarding services, the client may contact the department's supervisor. This meeting allows the client and department supervisor to review the concern and discuss options to address the issue. The department's supervisor shall have up to 30 business days to respond.

Step 3: If the grievance continues not to be resolved, the client may request a meeting with the Executive Director. All grievances must be in writing, stating (1) the grounds upon which the complaint is based, (2) any detailed information, including evidence of the issue, witnesses, related policies, etc., and (3) the remedy or desired outcome. The client and/or the Executive Director may choose to have others accompany them at this meeting. After receiving the grievance, the Executive Director shall have up to 10 business days to respond.

Step 4: If the grievance is still not resolved, the client may, through the Executive Director, request a meeting with the Elder Care Management Board to file a formal appeal. A written formal appeal must be filed with the Elder Care Management Board within 30 business days of receiving the Executive Director's final decision. The Elder Care Management Board shall have final authority over resolving the grievance. The Elder Care Management Board should have up to 30 business days to decide and shall inform the parties involved within ten working days of their decision. The Elder Care Management Board's decision will be binding as long as it is limited to an interpretation or application of the agency's policies and procedures and does not require employees, clients, or the Elder Care Management Board to commit an unlawful act.

Approved by the Elder Care Management Board 2-23-23