GLSS Title VI and Related Federal and State Non-Discrimination Obligation Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, national origin, gender, disability, income, religion, creed, sexual orientation, gender identity or expression, veteran's status and/or ancestry by Greater Lynn Senior Services (GLSS) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. GLSS investigates complaints received no more than 60 days after the alleged incident. The GLSS Chief Compliance Officer will process complaints that are complete.

Once the complaint is received, the Greater Lynn Senior Services Compliance Committee will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

GLSS has 30 days to investigate the complaint. If more information is needed to resolve the case, the GLSS Chief Compliance Officer or designee may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, GLSS can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI or other federal or state nondiscrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member(s), or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 business days after the date of the letter or the LOF to do so.

For Title VI related issues, a person may file a complaint directly with the Chief Compliance Officer within 60 days of the alleged discriminatory conduct:

Marie Castineyra, Chief Compliance Officer
Greater Lynn Senior Services
8 Silsbee Street
Lynn, Massachusetts 01901
Tel: 781-586-8512
Fax: 781-586-8587
mcastineyra @glss.net

GLSS Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "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 you have been discriminated against in services, please provide the following information in order to assist us in processing your complaint.**

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
email Address:			
Accessible Format Requirements?	Large Print ☐	Audio Tape ☐	
	TDD ☐	Other ☐	
Section II:			
Are you filing this complaint on your own behalf?		Yes* ☐	No ☐
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes ☐	No ☐

Section III:

I believe the discrimination I experienced was based on (check all that apply):

☐ Race ☐ Color ☐ National Origin

☐ Other _____

Date of Alleged Discrimination (Month, Day, Year):

Where did the Alleged Discrimination take place?

Please 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.

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.

What type of corrective action would you like to see taken?

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes ☐	No ☐
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes* ☐	No ☐

*If yes, check all that apply:

☐ U.S. Department of Transportation ☐ Equal Opportunity Commission

☐ Department of Justice

☐ Transit Provider: _____

☐ Other: _____

Have you filed a lawsuit regarding this complaint?	Yes* ☐	No ☐

*If yes, please provide a copy of the complaint form.

[Note: However, if your case has gone to court on the same issues, we defer to the decision of the court.]

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:	
Title:	
Agency:	
Address:	
Telephone:	
Please sign here:	Date:

Please return your completed form to:

Marie Castineyra, Chief Compliance Officer
Greater Lynn Senior Services
8 Silsbee Street, Lynn, MA 01901
or send an email to mcastineyra@glss.net