

## **TITLE VI COMPLAINT PROCEDURE**

Title VI of the 1964 Civil Rights Act requires the “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 the Bureau County Senior Citizens Association may file a complaint by completing and submitting the Title VI Complaint Form.

### **How do you file a complaint?**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Bureau County Senior Citizens Association (hereinafter referred to as “BCSCA”) may file a Title VI complaint by downloading the form at [www.bcseniorcenter.com](http://www.bcseniorcenter.com) or request a copy by writing/phoning the BCSCA.

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

The BCSCA investigates complaints received no more than 180 days after the alleged incident. The BCSCA will process complaints that are complete. Once the complaint is received, the BCSCA 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.

The BCSCA has 90 days to investigate the complaint. If more information is needed to resolve the case, the BCSCA may contact the complainant. Unless a longer period is specified, the complainant has 10 business days from the date of the letter to send requested information to the BCSCA investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within the required timeline, the BCSCA can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the BCSCA 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 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, or other action will occur. If the complainant wishes to appeal the decision, she/he has 7 days after the date of the letter or the LOF to do so. The director 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 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 the BCSCA at 815-879-3981.

**TITLE VI COMPLAINT FORM**

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____				
_____				
_____				
_____				
_____				
_____				
_____				



<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Denise Ihrig  
Bureau County Senior Citizens Association  
16 West Marion Street  
Princeton, IL 61356