

## **Title VI Policy and Complaint Process**

Alleghenies Unlimited Care Providers (AUCP) grants equal access to its programs and services to all citizens. This document serves to make citizens aware of their rights to such access and serves to educate citizens so that they may understand the civil rights laws that protect their receipt and benefit of such services as defined by Title VI of the Civil Rights Act of 1964.

**What is Title VI?** Title VI is a section of the Civil Rights Act of 1964 requiring 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." Note that Title VI does not address gender discrimination. It only covers race, color, and national origin. Other Civil Rights laws prohibit gender discrimination.

### **AUCP'S TITLE VI COMPLAINT AND INVESTIGATION PROCEDURES**

These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964 for alleged discrimination in any program or activity administered by Alleghenies Unlimited Care Providers. These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and AUCP may be utilized for resolution. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited under Title VI and related statutes may file separate complaints.

1. A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address, and telephone number; name of alleged discriminating official, basis of complaint (race, color, national origin), and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints. An AUCP Title VI complaint form can be obtained from AUCP Human Resources. AUCP encourages individuals to submit Title VI complaints in writing using this form and mailing it to:

**Human Resources, Title VI Coordinator  
Alleghenies Unlimited Care Providers  
119 Jari Drive  
Johnstown, PA 15904**

2. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the AUCP Human Resources Title VI Coordinator. Under these circumstances, the complainant will be interviewed, and the AUCP Human Resources Title VI Coordinator will assist the complainant in completing a written statement.

3. When a complaint is received, the Human Resources Title VI Coordinator will provide written acknowledgment to the Complainant, within ten (10) business days by registered mail or hand delivery.
4. If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.
5. Within 15 business days from receipt of a complete complaint, AUCP will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Executive Director or his/her authorized designee will notify the Complainant and Respondent, by registered mail or hand delivery informing them of the disposition.
  - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
  - b. If the complaint is to be investigated, the notification shall state the grounds of AUCP's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
6. When AUCP does not have sufficient jurisdiction, the Executive Director or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.
7. If the complaint has investigative merit, the Executive Director or his/her authorized designee will instruct the Title VI Coordinator to fully investigate the complaint. A complete investigation will be conducted, and an investigative report will be submitted to the Executive Director within 60 days from receipt of the complaint. The report will include a description of the incident, summaries of all persons interviewed, and a finding with recommendations and proposed resolution where appropriate. If the investigation is delayed for any reason, the Human Resource Title VI Coordinator will notify the appropriate authorities, and an extension will be requested.
8. The Executive Director or his/her authorized designee will issue letters of finding to the complainant and Respondent within 90 days from receipt of the complaint.
9. If the Complainant is dissatisfied with AUCP's resolution of the complaint, he/she has the right to file a complaint in the time allotted by law with:

**Federal Transit Administration  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue SE  
Washington, DC 20590**

**POSTING OF PUBLIC NOTICE**

Public notice of the Title VI Policy, ADA Policy and Complaint Procedure is posted:  
Vehicle 219, 315, 319, 321, 518, 612, 615, 716, 719, 811, 816, 819, 15, 18, 19 and 20  
AUCP administrative office 119 Jari Drive Johnstown, PA 15904  
107 Lindberg Avenue Johnstown, PA 15905  
129 Leidy Lane Johnstown, PA 15909  
533 Brazil Lane Johnstown, PA 15909  
304 Lyman Lane Johnstown, PA 15909  
174 Main Street St. Michael, PA 15956  
145 Chestnut Street Zelienople, PA 16063  
108 School Street Salix, PA 15952

**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 transit services, please provide the following information in order to assist us in processing your complaint:

<b><u>Section I:</u></b>
Name:
Address:
City, State, Zip Code:
Telephone Number: (home) _____ (cell) _____
Accessible Format Requirements? Large Print TDD Audio Tape
Other:

<b><u>Section II:</u></b>
Are you filing this complaint on your own behalf? YES* NO
If you answered YES to this question-go to <b>Section III</b>
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 you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

<b><u>Section III:</u></b>
I believe the discrimination I experienced was based on (check all that apply):
_____ race _____ color _____ National Origin
What was the date of the 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:

<b>Section IV:</b>
Have you previously filed a Title VI complaint with this agency?

<b>Section V:</b>
Have you filed a Title VI complaint with any other Federal, State, or local agency, or with any Federal or State Court? YES      NO
If YES, check all that apply:
_____ Federal Agency: _____
_____ Federal Court: _____
_____ State Court: _____
_____ State Agency: _____
_____ Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Address: _____
Phone: _____

<b>Section VI:</b>
Name of agency complaint is against: _____
Contact person: _____
Title: _____
Phone: _____

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

Signature and date required below:

\_\_\_\_\_

Your Signature Date

\_\_\_\_\_

Print your name

Please submit this form in person at the address below, or mail this form to:  
**Human Resources, Title VI Coordinator**  
**Alleghenies Unlimited Care Providers**  
**119 Jari Drive**  
**Johnstown, PA 15904**