

JCCOA Transportation Department
103 West 5th Ave, Ranson, WV 25438

Attachment B
Title VI Complaint Form and Procedures

Title VI Procedures

Title VI of the 1964 Civil Rights Act requires 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.

Any person who believes that she/he has been aggrieved by any unlawful discriminatory practice on the basis of race, color or national origin by Jefferson County Council on Aging may file a complaint by completing and submitting Jefferson County Council on Aging the Title VI Complaint form.

How do you file a complaint?

You may download the Jefferson County Council on Aging Title VI Complain Form at (<http://www.jccoa.org>), or request a copy by writing or phoning

Jefferson County Council on Aging
103 W 5th Ave.
Ranson, WV 25438
304-725-4044

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

- Your name, address and telephone number. (See Question 1 of the Complaint Form)
- How, why, and when you believe you were discriminated against. Include as much specific detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9 and 10 of the Complaint Form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to the address listed below:

Amy Wellman
Executive Director
103 W 5th Ave.
Ranson, WV 25438

How Will your complaint be handled?

Jefferson County Council on Aging investigates complaints received no more than 180 days after the alleged incident. Jefferson County Council on Aging will process complaints that are complete. Once a completed complaint is received, Jefferson County Council on Aging will review it to determine if Jefferson County Council on Aging has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by Jefferson County Council on Aging.

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TITLE VI COMPLAINT FORM

“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.”

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 the form or need information in alternate formats, please let us know.

JCCOA Transportation Department
103 West 5th Ave, Ranson, WV 25438

Please mail or return this form to

Amy Wellman, Director

Jefferson County Council on Aging

103 W 5th Ave,

Ranson, WV 25438

jccoadirector@frontiernet.net

Fax: 304-725-9500

PLEASE PRINT:

1. Complainant's Name:			
a. Address:			
b. City:		State:	Zip Code:
c. Telephone (Home:		Cell:	Work:
)			
d. E-Mail Address:			
• Do you prefer to be contacted via this email address: Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
2. Accessible Format of Form Needed?		Large Print: <input type="checkbox"/>	Audio Tape: <input type="checkbox"/>
Other (please specify): <input type="checkbox"/>			
3. Are you filing this complaint on your own behalf? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please go to Question 7			
4. If you answered NO to question 4 above, please provide your name and address.			
a. Name of Person Filing Complaint:			
b. Address:			
c. City:		State:	Zip:
d. Telephone (Home:		Cell:	Work:
)			
e. E-Mail Address:			
• Do you prefer to be contacted via this email address: Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
5. What is your relationship to the person to 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 <input type="checkbox"/> I have permission. No <input type="checkbox"/> I do not have permission.			

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7. I believe that the discrimination I experienced was based on (check all that apply)
a. Race <input type="checkbox"/>
b. Color <input type="checkbox"/>
c. National Origin (classes protected by Title VI) <input type="checkbox"/>
d. Other <input type="checkbox"/> (please specify)
8. Date of Alleged Discrimination (Month, Day, Year) :
9. Where did the Alleged Discrimination take place?

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10. 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.

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

12. 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)

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

- | | |
|-------------|------------------------------|
| a. Name: | Title: |
| b. Agency: | Telephone: |
| c. Address: | |
| d. City: | State: Zip: |

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

Signature:

Date:

If you completed Question 4 and 5 and 6, your signature and date is required

Signature:

Date: