SERVICES FOR INDEPENDENT LIVING

TITLE VI and ADA COMPLAINT FORM

"No person in the United States shall, on the basis of race, color, national origin, or disability 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 any way in the provision of transportation or other services, please review the procedure below for filing a complaint and complete the form that follows. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Procedure for Filing a Title VI and ADA Complaint

The complaint procedures apply to the beneficiaries of Services for Independent Living's programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against based on race, color, national origin, or disability by Services for Independent Living may file a Title VI/ADA complaint by completing and submitting the agency's **Title VI/ADA Complaint Form**. Title VI/ADA complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT: Information pertaining to filing a complaint is posted on our agency's website, and in public areas of our agency. All documents will be translated upon request.

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

- Your name, address and telephone number.
- Specific, detailed information (how, why and when) about the alleged act of discrimination.
- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

COMPLAINT ACCEPTANCE: Services for Independent Living will process complaints that are complete.

Once a completed Title VI/ADA Complaint Form or handwritten complaint is received, SIL will review it to determine if SIL has jurisdiction. The complainant will receive a letter from the Executive Director informing them whether the complaint will be investigated by SIL.

INVESTIGATIONS: Services for Independent Living will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, SIL may contact the complainant. Unless a longer period is specified by SIL, the complainant will have ten (10) days from the date of the letter to send requested information to the SIL investigator assigned to the case. If the requested information is not received within that timeframe the case will be closed. Also, A case can be administratively closed if the complainant no longer wishes to pursue the allegation.
LETTERS OF CLOSURE OR FINDING: After the Title VI/ADA investigator reviews the complaint, the Title VI/ADA investigator will issue one of two letters to the complainant: a closure letter or letter of finding (LOF).

1. A closure letter summarizes the allegations and states that there was not a Title VI/ADA violation and that the case will be closed.

2. A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with Services for Independent Living's determination, the complainant may request reconsideration by submitting the request in writing to the Title VI/ADA investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Services for Independent Living will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Services for Independent Living will issue a determination letter to the complainant upon completion of the reconsideration review. SIL has a "No Reprisal" policy and your status as a consumer shall not be compromised in any way.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language or if an individual prefers, they may submit a written complaint in their language of origin to Services for Independent Living, Executive Director at 1905 W. Ash Street, or call 573-874-1646.

Please mail or return this form to: Executive Director, Services for Independent Living (SIL), 1905 W. Ash Street; plee@silcolumbia.org Fax: (573)874-1646

PLEASE PRINT

1. Complainant's Name:
a. Address:
b. City: State: Zip Code:
a. Telephone (include area code): Home ( ) - or Cell ( ) - Work ( ) -
c. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
2. Accessible Format of Form Needed? ( ) YES specify:_____ ( ) NO
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address. a. Name of Person Filing Complaint:
b. Address:
c. City: State: Zip code:
d. Telephone (include area code): Home ( ) - or Cell ( ) - Work ( ) -
e. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
5. What is your relationship to the person for 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, I have permission. ( ) NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI) ( ) Disability (class protected by ADA) ( ) Other (please specify)

8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. 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*.
11. 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*.
12. What type of corrective action would you like to see taken?
13. 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)
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed. Name: Title:
Agency: Telephone: ( ) -
Address:
City: State: Zip Code:

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

Signature and date is required:

_____ _____

Signature Date

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

_____ _____

Signature Date