**NOTICE TO THE PUBLIC**

**Public Notice of Rights under Title VI of the Civil Rights Act of 1964**

Council on Aging of Elkhart County, Inc.

Council on Aging of Elkhart County, Inc.operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes he or she has been aggrieved by any unlawful discriminatory due to your race, color, or national origin may file a complaint with Council on Aging of Elkhart County, Inc.

For information on Council on Aging of Elkhart County, Inc.civil rights plan and the procedures to file a complaint contact David Toney by phone at (574) 295-1820, email at [info@elkhartcoa.org](mailto:info@elkhartcoa.org), on our website at www.elkhartcoa.org,or visit our office at 131 West Tyler Street, Suite 1A, Elkhart, Indiana 46516**.**

A complainant may file a complaint directly with the Federal Transit Administration at:

Federal Transit Administration

Office of Civil Rights

Attention: Title VI Program Coordinator

East Building, 5th Floor –TCR

1200 New Jersey Avenue, SE

Washington, DC 20590

For those receiving financial assistance from the Title IIIB program for transportation services or Medicaid, Choice, SSBG, TIII or TIIIE, complainants unsatisfied with their resolution may contact the FSSA at 888-673-0002 or the A2AA at 800-552-7928.

If information is needed in another language or alternate formats contactDavid Toney at (574) 295-1820 or [info@elkhartcoa.org](mailto:info@elkhartcoa.org).

**Title VI / ADA Complaint 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 he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by Council on Aging of Elkhart County, Inc. may file a complaint by completing and submitting Council on Aging of Elkhart County, Inc.’s Title VI Complaint form.

**How do you file a complaint?**

You may download the Council on Aging of Elkhart County, Inc. Title VI Complaint Form at www.elkhartcoa.org or request a copy by writing or phoning Council on Aging of Elkhart County, Inc.: 131 West Tyler Street, Suite 1A, Elkhart, Indiana 46516; Telephone (574) 295-1820.

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.
* 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.
* The names of any persons, if known, whom the director could contact for clarity of your allegations.

Please submit your complaint form to address listed below:

David Toney, CEO

Council on Aging of Elkhart County, Inc.

131 West Tyler Street, Suite 1A, Elkhart, IN 46516

**How will your complaint be handled?**

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

The Council on Aging of Elkhart County, Inc. has 30 days to investigate the complaint. will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, the Council on Aging of Elkhart County, Inc. may contact the complainant. Unless a longer period is specified by the Council on Aging of Elkhart County, Inc., the complainant will have 15 days from the date of the letter to send requested information to the Council on Aging of Elkhart County, Inc.’s investigator assigned to the case.

If the Council on Aging of Elkhart County, Inc.’s investigator is not contacted by the complainant or does not receive the additional information within the required timeline, the Council on Aging of Elkhart County, Inc. may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, the Council on Aging of Elkhart County, Inc. will issue one of two letters: 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.
* A Letter of Finding (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 15 days after the date of the letter or the LOF to do so. 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, please contact the Council on Aging of Elkhart County, Inc. at (574) 295-1820.

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**COUNCIL ON AGING OF ELKHART COUNTY, INC.**

**COMPLAINT INSTRUCTIONS AND FORM**

Title VI / ADA Complaint Form

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| **Section I:** | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Telephone (Home): | | Telephone (Work): | | | | | | | | | | |
| Electronic Mail 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 [ ] Sex  [ ] Age [ ] Disability [ ] Low Income  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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **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:  [ ] Federal Agency:  [ ] Federal Court [ ] State Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | |
| Agency: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | |
| **Section VI** | | | | | | | | | | | | |
| 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:

David Toney, CEO

131 West Tyler Street, Suite 1A

Elkhart, IN 46516