

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 discrimination 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, 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
Attn: Title VI Program Coordinator
East Building, 5th Floor –TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Or

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team, East Building, 5th Floor-TCR
1200 New Jersey Avenue SE
Washington, DC, 20590

If information is needed in another language or alternate format contact David Toney at (574) 295-1820 or info@elkhartcoa.org.

Title VI Complaint Procedure

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by the Council on Aging of Elkhart County Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with the Council on Aging of Elkhart County Inc. no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, the Council on Aging of Elkhart County Inc, will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the Indiana Department of Transportation within ten (10) calendar days of receipt. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Council on Aging of Elkhart County Inc. has 45 days to investigate the complaint. If more information is needed to resolve the case, the Council on Aging of Elkhart County Inc may contact the complainant requesting further information. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Council on Aging of Elkhart County Inc. can administratively close the case.

After the investigator reviews the complaint, the agency will issue one of two (2) 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.
- ✓ 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 it must direct the appeal to the agency initially. The complainant has 7 days after the date of the closure letter or the letter of finding to do so. If there is outstanding concern, the appeal may be directed to the state DOT or FTA. The appeal process information will be included in the letter.

A person may also file a complaint directly with the:

Indiana Department of Transportation

Attn: Kimberly Ray

INDOT Title VI Program Manager

100 North Senate Avenue

Indianapolis, IN 46204

317-232-0924

kiray@indot.in.gov

Or

Federal Transit Administration

Office of Civil Rights

Attention: Complaint Team, East Building, 5th

Floor-TCR 1200 New Jersey Avenue SE

Washington, DC, 20590.

If information is needed in another language, then contact David Toney at 574-295-1820, ext 222 or dtoney@elkhartcoa.org.

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Requirements?	Format	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):				
<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.				

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: