

## United Disability Services 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 United Disability Services 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 United Disability Services 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, United Disability Services will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the Ohio 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.

United Disability Services has 45 days to investigate the complaint. If more information is needed to resolve the case, United Disability Services may contact the complainant requesting further information. The complainant has **20** 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 **20** business days, United Disability Services 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 30 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: Ohio Department of Transportation, Attn: Office of Opportunity, Diversity and Inclusion 1980 West Broad Street, Mailstop 3270, Columbus, OH 43223  
Or

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

If information is needed in another language, then contact 1-866-874-3972.

## Title VI Complaint/ADA Form

United Disability Services Title VI Complaint Procedure is made available in the following locations:

- Agency website, if available: www.udsakron.org
- Hard copy in the central office
- Agency Title VI Plan

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
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 <input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the people 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 Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

**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:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

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

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If information is needed in another language, contact **1-866-874-3972**. Please submit this form to:

**United Disability Services**  
**Toni Sideri, Director of Human Resources**  
**701 S. Main Street, Akron OH 44311**  
**330-762-9755**  
**info@udsakron.org**