

#### **Section 4: Title VI Complaint Procedure**

Catholic Social Services of the Miami Valley Title VI Complaint Procedure is made available in the following locations:

- Agency website, if available: [www.cssmv.org](http://www.cssmv.org)
  - Hard copy in the central office
  - Agency Title VI Plan
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Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by **Catholic Social Services of the Miami Valley** 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 **Catholic Social Services of the Miami Valley** 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, **Catholic Social Services of the Miami Valley** 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.

**Catholic Social Services of the Miami Valley** has 45 days to investigate the complaint. If more information is needed to resolve the case, **Catholic Social Services of the Miami Valley** may contact the complainant requesting further information. The complainant has **15** 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 **15** business days, **Catholic Social Services of the Miami Valley** 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 **833.289.0227**.

**Section 5: Title VI Complaint Form**

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- Agency Title VI Plan

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Requirements?	Format	Large Print		Audio Tape
		TDD		Other
<b>Section II:</b>				
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
<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
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.				
_____				
_____				
_____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No
<b>Section V</b>				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		

If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VI</b>	
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

If information is needed in another language, contact 833.289.0227.

Please submit this form to:

**Catholic Social Services of the Miami Valley**  
**100 S Main Ave. Suite 101 Sidney, Ohio 45365**  
**833.289.0227**  
**rideconnect@cssmv-sidney.org**