

Council on Aging, Inc.
Title VI/ADA Complaint Procedures

The Council on Aging, Inc. is committed to a policy of nondiscrimination in the provision of public transportation service. If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of the Council on Aging, Inc., you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us, download and use our Title VI/ADA complaint form by requesting a copy of the form by writing, phoning or emailing Council on Aging, Inc. 695 Mountaineer Highway Mullens WV 25882, 304-294-8800, brownj@wcco.com.

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. (See question 1 of the complaint form.)
- 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. (See questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See question 11 of the complaint form.)

Please submit your complaint form to address listed below:

Council on Aging, Inc. 695 Mountaineer Highway Mullens WV 25882

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language, we can assist you. Please contact us at 695 Mountaineer Highway Mullens WV 25882 304-294-8800

How will your complaint be handled?

The Council on Aging, Inc. investigates complaints received no more than 180 days after the alleged incident. Council on Aging, Inc. will process complaints that are complete. Once a completed complaint is received, Council on Aging, Inc. will review it to determine if it has jurisdiction. The complainant will receive a letter acknowledging receipt of the complaint and whether Council on Aging, Inc. has jurisdiction to investigate the complaint.

Council on Aging, Inc. will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, Council on Aging, Inc. may contact you. Unless a longer period is specified by Council on Aging, Inc., you will have ten (10)

days from the date of the request to send the requested information. If the requested information is not received, Council on Aging, Inc. may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After the investigation is complete, Council on Aging, Inc. will send you a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken as a result of the investigation. If you disagree with Council on Aging, Inc.'s determination, you may request reconsideration by submitting a request in writing to the Council on Aging, Inc. within seven (7) days after the date of the letter, stating with specificity the basis for the reconsideration. The Council on Aging, Inc. will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Council on Aging, Inc. will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the Federal Transit Administration:

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

How do I obtain more information?

If you need more information on Council on Aging, Inc.'s nondiscrimination obligations or complaint procedure, please contact (Agency Name, Address, Phone Number and email address).

Council on Aging, Inc.
TITLE VI/ADA COMPLAINT FORM

If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of the Council on Aging, Inc., you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Council on Aging, Inc.
695 Mountaineer Highway
Mullens WV 25882

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		
6. I believe that 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 <input type="checkbox"/> Accessibility Issue <input type="checkbox"/> Other		
7. Date of alleged discrimination (Month, Day, Year):		

8. Where did the alleged discrimination take place?

9. 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.*

10. 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.*

11. What type of corrective action would you like to see taken?

12. 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

- Federal agency (list agency's name)
- Federal court (provide location)
- State court
- State agency (specify agency)
- County court (specify court and county)
- Local agency (specify agency)

