

Notifying the Public of rights under Title VI

Warren County Handicapped Services posts Title VI notices on our agency's website, in public areas of our agency, in our board room, and on our buses and/or paratransit vehicles.

Warren County Handicapped Services operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1954.

For more information on the WCHS's Title VI program, and the procedures to file a complaint, contact Tasha McCarty at 636-456-7518 X10; tmccarty@wchsmo.org; or visit our administrative office at 26321 Dry Fork Road Warrenton, Missouri 6338. For more information visit www.warrencountypathfinders.org

If you believe you have been discriminated against on the basis of race, color, or national origin by WCHS, you may file a Title VI complaint by completing, signing and submitting the agency's Title VI complaint form.

To obtain additional information about your rights under Title VI, contact: Tasha McCarty

How to file a Title VI/ADA complaint with Warren County Handicapped Services:

1. Complaint Forms may be obtained online at www.warrencountypathfinders.org , in person at the WCHS office located at 26321 Dry Fork Road, Warrenton, MO 63383 or by calling 636-456-7518
2. In addition to the complaint process at Warren County Handicapped Services, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, East Building, 5th floor – TCR 1200 New Jersey Ave, SE Washington, DC 20590
3. Complaints must be filed within 180 days following the dates of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated and include your contact information

If information is needed in another language, contact WCHS at 636-456-7518

D. Procedure for Filing a Title VI Complaint

Filing a Title VI Complaint

The complaint procedures apply to the beneficiaries of Warren County Handicapped Service's programs, activities, and services.

Right to File A Complaint: Any person who believes they have been discriminated against on the basis of race, color, or national origin by Warren County Handicapped Services may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

How to File A Complaint: Information on how to file a Title VI complaint is posted on our agency's website and in public areas of our agency.

You may download the Warren County Handicapped Services Title VI Complaint Form at www.warrencountypathfinders.org or request a copy of writing to 26321 Dry Fork Road Warrenton, MO 63383. Information on how to file a Title VI complaint may also be obtained by calling Tasha McCarty at 636-456-7518 X 10.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

Your name, address, and telephone number

Specific detailed information (how, why, and when) about the alleged act of discrimination.

Any other relevant information, including the names of any persons, if known, the agency should contact the clarity of the allegations.

Please submit your complaint form to Warren County Handicapped Service Attn: Tasha McCarty, 26321 Dry Fork Road Warrenton, MO 63383

Complaint Acceptance: Warren County Handicapped Services will process complaints that are complete. Once a completed Title VI Complaint Form is received, Warren County Handicapped Services will review it to determine if Warren County Handicapped Services has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by Warren County Handicapped Services.

Investigations: Warren County Handicapped Services will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Warren County Handicapped Services may contact the complainant. Unless a longer period is specified by Warren County Handicapped Services, the complainant will have ten (10) days from the date of the letter to send requested information to the Warren County Handicapped Services investigator assigned to the case.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be administratively closed if the complainant no longer wishes to pursue the case.

Letters Of Closure Or Finding: After the Title VI investigator reviews the complaint, the Title VI investigator will issue one of two letters to the complainant: a closure letter or 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 provides an explanation of the corrective action taken.

If the complainant disagrees with Warren County Handicapped Service's determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding stating with specificity the basis for the reconsideration. Warren County Handicapped Services will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In case where reconsideration is granted, Warren County Handicapped Services will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of the Civil Rights, East Building, 5th Floor – TCR 1200 New Jersey Avenue, SE Washington, DC 20590

If information is needed in another language, contact Tasha McCarty at 26321 Dry Fork Road Warrenton, MO 63383 or at 636-456-7518 X10

Title VI Complaint Form:

Warren County Pathfinders, Inc.
TITLE VI COMPLAINT FORM

"No person in the United States shall, on the basis 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."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Compliance Officer
Warren County Pathfinders Inc.
26321 Dry Fork Rd
Warrenton, MO 63383
636- 456-2303 (fax)

PLEASE PRINT

1. Complainant's Name:

a. Address:

b. City: State: Zip Code:

c. Telephone (include area code): Home () or Cell () Work

() d. Electronic mail (e-mail) address:

Do you prefer to be contacted by this e-mail address? () YES () NO

2. Accessible Format of Form Needed? () YES specify: _____ () NO

3. Are you filing this complaint on your own behalf? () YES If YES, please go to question 7.

() NO If no, please go to question 4

4. If you answered NO to question 3 above, please provide your name and address.

a. Name of Person Filing Complaint:

b. Address:

c. City: State: Zip Code:

d. Telephone (include area code): Home () or Cell () Work

() e. Electronic mail (e-mail) address:

Do you prefer to be contacted by this e-mail address? () YES () NO

5. What is your relationship to the person for whom you are filing the complaint?

6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.

7. I believe that the discrimination I experienced was based on (check all that apply):
 Race Color National Origin (classes protected by Title VI)
 Other (please specify)

8. Date of Alleged Discrimination (Month, Day, Year):

9. Where did the Alleged Discrimination take place?

10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the people 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.

11. 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.

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

13. 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

- a. Federal Agency (List agency's name)
- b. Federal Court (Please provide location)
- c. State Court
- d. State Agency (Specify Agency)
- e. County Court (Specify Court and County)
- f. Local Agency (Specify Agency)

14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title

:

Agency: _____ Telephone:()

Address:

City:

State: _____ Zip Code: _____

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

Signature and date are required:

Signature _____ Date _____

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature _____ Date _____