

COA Title VI Complaint



Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any COA program or activity receiving federal financial assistance. If you believe your civil rights have been violated as a result of prohibited discrimination you have the right to file a complaint.

When to File: Complaints of discrimination must be filed within 180 days of the last date of the prohibited act(s).¹ If you are filing late, you may request a waiver of the 180 day filing requirement by completing Question 11.

Where to File: **Council on Aging of Southwestern Ohio**
ATTN: Title VI Coordinator
4601 Malsbary Road
Blue Ash, Ohio 45242

or Remit via e-mail to: **TitleVICoordinator@help4seniors.org**

Provide information for each question, including all Attachments that relate to your complaint. Print all entries except signatures.

Attachments to this sample format are as follows:

- A – Sample Format for Additional Sheet(s)
- B – Sample Format for Information on Prior Complaint(s) Filed
- C – Notice About Investigatory Uses of Personal Information
- D – Complainant Consent/Release

TYPE OF COMPLAINT:

1. Your complaint of discrimination is based on: *(Please check all that apply)*

Race	Color	National Origin
Sex	Age	Disability
Income	Limited English Proficiency	

¹ See 49 CFR 21.11(b).

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2. Your Contact Information:

Name:		
Address:		
City, State and ZIP Code:		
Home Phone:	Business Phone:	Cell Phone:
Home E-Mail:	Business E-Mail:	

3. What is the most convenient time and way for us to contact you about this complaint?

4. Are you represented by an attorney in this matter? Yes No If yes, provide his or her contact information below:

Name:	
Company:	
Address:	
City, State and ZIP Code:	
Business Phone:	Cell Phone:
Business E-Mail:	

5. Information about person(s) who experienced the discrimination if different from complaint filer (Attach additional sheets, if necessary.):

Name:		
Address:		
City, State and ZIP Code:		
Home Phone:	Business Phone:	Cell Phone:
Home E-Mail:	Business E-Mail:	

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6. Identify who committed the alleged prohibited act(s) (Attach additional pages, if necessary):

Name:	Title:
Company:	Section, Office, or Dept:
Address:	
City, State and ZIP Code:	
Business Phone:	Cell Phone:
Business E-Mail:	

7. Explain the events that took place. Indicate why you believe you or another person was subject to discrimination. For example, indicate who was involved and how that person treated you differently than others. (Attach a copy of written materials that support your complaint.)

8. Identify the basis on which you believe the discrimination, intimidation, or retaliation occurred.

Race:	_____
Color:	_____
National Origin:	_____
Creed:	_____
Sex:	_____
Age:	_____

9. When and where did the alleged discrimination take place? Provide date(s), time(s) and location(s).

Earliest date: _____

Most recent date: _____

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10. If the discrimination, occurred more than 180 days ago, and you are requesting a waiver to file late, explain in detail why you filed after 180 days. (Attach additional sheets, if necessary.)

11. Supporting Contacts/Witnesses - List any person(s) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary.)

Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:

12. Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary.)

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13. What remedy are you seeking?

14. Please answer the following:

- a) Have you (or the person who experienced the discrimination) filed a claim regarding this complaint with any federal, state or local government agency
Yes No
- b) Have you instituted a legal suit or court action regarding this complaint?
Yes No
- c) Have you hired an attorney with respect to the allegations in the complaint?
Yes No

If yes, provide the information in Attachment A.

15. Sign and date below. (A signature is required to process your complaint.)

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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Mail this signed sample format or your letter with the same information, to the address below.
Keep copies for your records.

Council on Aging of Southwestern Ohio

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ATTACHMENT A – FORMAT FOR INFORMATION ON PRIOR COMPLAINT(S) FILED

Your Name

Date

1. Have you (or the person who experienced the discrimination) filed the same or any other complaints with our office or another office in the Department of Transportation or the Department of Medicare/Medicaid?

Yes No

If yes, provide the complaint number(s)_____.

2. Provide the name and telephone number of the person who investigated the complaint, if known.

3. Against what individual or organization was the prior complaint filed?

Name:	
Company or Organization:	
Address:	
City, State and ZIP Code:	
Business Phone:	Business E-Mail:
Date Complaint Filed:	

4. Briefly, what was the complaint about?

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5. What was the outcome of the complaint?

6. Have you (or the person who experienced discrimination) filed a charge or complaint concerning the matters raised in this complaint with any of the following?

U.S. Equal Employment Opportunity Commission
Federal or State Court
State or Local Human Relations/Rights Commission
Grievance or Complaint Office
Airport Sponsor
Other (specify)

7. If you have already filed a charge or complaint with any Agency/Court indicated above, provide the following information (attach additional pages if necessary):

Agency/Court:

Date filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Name of Person Investigating Case:

Status of Case:

Comments:

ATTACHMENT D – COMPLAINANT CONSENT/RELEASE

U.S. Department of Transportation
Departmental Office of Civil Rights

COMPLAINANT CONSENT/RELEASE

Your Name

Date
