

TITLE VI PROGRAM

Putnam County Aging Program

MAY 2019

ATTACHMENT A

Title VI Notice to the Public

Putnam County Aging Program operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact Putnam Aging Program by any of the methods listed below.

PUTNAM COUNTY AGING PROGRAM

2558 Winfield Road, St. Albans, WV 25177

PHONE: 304-755-2385

FAX: 304-755-2389

EMAIL: jsutherland@putnamaging.com

If this information is needed in another language, please contact us.

Short Title VI Notice

PCAP operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations or to file a complaint, please contact us at 304-755-2385.

Attachment B

Putnam Aging Program

Title VI Complaint Form and Procedures

“No person in the United States shall, on the ground 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:

Jennifer (Jenni) Sutherland, Executive Director

Putnam County Aging Program

2558 Winfield Road, St. Albans, WV 25177

Email: jsutherland@putnamaging.com or fax: 304-755-2389

PLEASE PRINT if you are not completing the on-line version of this form.

1. Complainant's Name:
a. Address
b. City State: Zip Code:
c. Telephone (Home ___or Cell___) Please include area code (Work___)
() ()
d. Electronic Mail Address:
Do you prefer to be contacted via this email address? Yes___ No___
2. Accessible Format of Form Needed? ___Large Print ___Audio Tape ___TDD
___ Other (Please Specify):
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, please provide your name and address.
a. Name of Person Filing Complaint:
b. Address
c. City: State: Zip Code:

d. Telephone(Home___or Cell___) Indicate Area Code	Telephone (Work)
()	()
e. Electronic Mail Address:	
Do you prefer to be contacted via 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, 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 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.*

11. Please list any and all witnesses' names and phone numbers/contact information.
Use 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 & County)
- f. ___ Local Agency (specify agency)

14. 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: _____

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

Signature and date is required:

Signature Date

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

Signature Date

Attachment B
Title VI Complaint Form and Procedures

Putnam County Aging Program
Title VI Procedures

Title VI of the 1964 Civil Rights Acts requires that “NO person in the United States shall, on the grounds 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.”

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by Putnam Co. Aging Program may file a complaint by completing and submitting the Putnam Co. Aging Program Title VI Complaint form.

How do you file a complaint?

You may download the Putnam County Aging Program Title VI Complaint Form at : Putnam Co. Aging Program, or request a copy by writing or phoning Putnam Co. Aging Program: 2558 Winfield Road, St. Albans, WV 25177 or calling: 304-755-2385.

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 7, 8, 9, and 10 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:

Jenni Sutherland / Executive Director
PUTNAM COUNTY AGING PROGRAM
2558 Winfield Road
St. Albans, WV 25177

How will your complaint be handled?

Putnam Co. Aging Program investigates complaints received no more than 180 days after the alleged incident. Putnam Co. Aging Program will process complaints that are complete. Once a completed complaint is received, Putnam Aging Program will review it to determine if Putnam Co. Aging Program has jurisdiction. The complainant will receive a acknowledgement letter informing her/him whether the complaint will be investigated by Putnam County Aging Program.

Putnam Co. Aging Program will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Putnam Co. Aging Program may contact the complainant. Unless a longer period is specified by Putnam Co. Aging Program, the complainant will have ten (10) days from the date of the letter to send requested information to the Putnam Co. Aging Program's investigator assigned to the case.

If Putnam Co. Aging Program's investigator is not contacted by the complainant or does not receive the additional information within the required timeline, Putnam Co. Aging Program may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, Putnam Co. Aging Program will issue a letter to the complainant 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 a complainant disagrees with Putnam Co. Aging Program's determination, he/she may request reconsideration by submitting a request in writing to Putnam Co. Aging Program's executive director within seven (7) days after the date of Putnam Co. Aging Program's letter, stating with specificity the basis for the reconsideration. The executive director will notify the complainant of his/her decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the executive director 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 FTA Office of Civil Rights : 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact Putnam County Aging Program at 304-755-2385.