

TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION

Rose Hill Senior Center operates its programs without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Rose Hill Senior Center.

For more information on the civil rights program and the procedures to file a complaint, contact:

Rose Hill Senior Center

401 S. Appletree St.

Dothan, AL 36301

334-615-3740

www.dothanleisureservices.org

A complaint may be filed directly with the Federal Transit Administration by contacting:

Office of Civil Rights

Attention: Complaint Team

East Building, 5th Floor – TCR

1200 New Jersey Avenue, SE

Washington, DC 20590

FTACivilRightsCommunications@dot.gov

**If information is needed in another language,
contact 334-615-3740.***

Title VI Complaint Procedures and Form

A Title VI complaint may be filed by any individual or individuals who allege that they have been subjected to discrimination or adverse impact under any FTA funded program or activity based on race, color, or national origin. The Rose Hill Senior Center adopted Title VI complaint procedures to investigate and track complaints. A formal, signed, written Title VI complaint form must be filed within 180 days of the date of the alleged act of discrimination. A copy of the complaint form is included in on Page 4. The complaint procedures and complaint form are also posted on the Rose Hill Senior Center's website. If information is needed in another language, the complainant can contact 334-615-3740. The statement "If information is needed in another language, contact 334-615-3740" will be posted with the complaint procedures in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold.

Completed complaint forms should be submitted to:

Jessica Pritchett
Center Manager
Rose Hill Senior Center
401 S. Appletree St.
Dothan, AL 36301
334-615-3740
jpritchett@dothan.org

Once the complaint is received, the Rose Hill Senior Center will review it to determine who has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by the Rose Hill Senior Center's office. The Rose Hill Senior Center will only process complaint forms that are complete and signed.

In a situation where the complainant is unable or incapable of providing a written complaint, a verbal complaint of discrimination may be made to the Rose Hill Senior Center. Under these circumstances, the complainant will be interviewed and the Rose Hill Senior Center will assist the complainant in converting the verbal allegations to a formal written complaint.

The Rose Hill Senior Center has 15 business days to investigate the complaint. If more information is needed to resolve the case, the Rose Hill Senior Center may contact the complainant. The complainant has 15 business days from the date of this letter to send requested information to the investigator assigned to the case. If the investigator does not receive the additional information from the complainant within 15 business days, the Rose Hill Senior Center can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue the case.

After the investigator reviews the complaint, they will issue one of two 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 LOF summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the accused staff member, or other action will occur. If the complainant wishes to appeal the decision, they have 15 days after the date of the closure letter or the LOF to submit an appeal letter to the Rose Hill Senior Center.

If the complainant is not satisfied with actions taken locally or if they demand further action, the complaint will be referred to:

Local Transportation Bureau, Transit Section
Alabama Department of Transportation
1409 Coliseum Blvd
Montgomery, AL 36110

A person may also file a complaint directly with the Federal Transit Administration:

FTA Office of Civil Rights
Attn: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

General Complaint Form and Policy for Passengers and Employees

If employees or passengers have disagreements with workers or passengers that cannot be resolved personally, a General Complaint Form (Page 6) should be filled out and given to the center manager. The center manager will then address the complaint as soon as possible, investigate the complaint if necessary and provide a response/solution within 10 days.

ADA Complaint Procedures and Form

Rose Hill Senior Center will provide transportation to all eligible individuals without regard to religion, race, color, national origin, political affiliation, or disability. Any persons requesting to file a complaint concerning discrimination on the basis of disability must complete a formal, signed and written ADA Discrimination form. The form must be filed within 180 days of the date of the alleged act of discrimination. A copy of the complaint form is included on page 7.

Completed complaint forms should be submitted to:

Jessica Pritchett
Center Manager
Rose Hill Senior Center
401 S. Appletree St.
Dothan, AL 36301
334-615-3740
jpritchett@dothan.org

The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by the Rose Hill Senior Center's office. The Rose Hill Senior Center will only process complaint forms that are complete and signed.

In a situation where the complainant is unable or incapable of providing a written complaint, a verbal complaint of discrimination may be made to the Rose Hill Senior Center. Under these circumstances, the complainant will be interviewed and the Rose Hill Senior Center will assist the complainant in converting the verbal allegations to a formal written complaint.

The Rose Hill Senior Center has 15 business days to investigate the complaint. If more information is needed to resolve the case, the Rose Hill Senior Center may contact the complainant. The complainant has 15 business days from the date of this letter to send requested information to the investigator assigned to the case. If the investigator does not receive the additional information from the complainant within 15 business days, the Rose Hill Senior Center can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue the case.

After the investigator reviews the complaint, they will issue one of two 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 ADA violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the accused staff member, or other action will occur. If the complainant wishes to appeal the decision, they have 15 days after the date of the closure letter or the LOF to submit an appeal letter to the Rose Hill Senior Center.

Title VI Complaint Form

| | |
|---|---------------|
| Section I | |
| Name: | |
| Address: | |
| Phone (Home or Cell): | Phone (Work): |
| E-mail: | |
| Section II | |
| Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> 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 submitting a complaint: | |
| Please explain why you have filed for a third party: _____ | |
| Please confirm that you obtained the permission of the aggrieved party if you are filing on their behalf. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Section III | |
| 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 (MM/DD/YYYY): _____ | |
| Explain as clearly as possible what happened and why you believe you were the target of discrimination. 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 attach another sheet. | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

Section IV

Have you previously filed a Title VI complaint with this agency? Yes No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check and specify all that apply:

Federal Agency: _____

Federal Court: _____

State Court: _____

State Agency: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Phone:

E-mail:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Phone:

E-mail:

Attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature

Date

Please submit this form in person, by mail, or via e-mail using the contact information below:

Jessica Pritchett
Rose Hill Senior Center
401 S. Appletree St.
Dothan, AL 36301
jpritchett@dothan.org

General Complaint Form

| | | | |
|---|--|-------------------|-----|
| Section I | | | |
| Name: | | | |
| Address: | | | |
| Telephone (Home): | | Telephone (Work): | |
| E-Mail Address: | | | |
| Section II | | | |
| Are you filing this complaint on behalf of a passenger? *All employees must file themselves. No one can file on behalf of an employee.* | | | Yes |
| | | | No |
| Please supply your name and relationship to the person for whom you are filing for: | | | |
| 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 |
| Section III | | | |
| The disagreement I experienced that is unresolvable personally is between the following: (check all that apply): | | | |
| [] Disagreement with a Coworker(s) [] Disagreement with a Passenger(s) | | | |
| Date of Alleged Disagreement (Month, Day, Year): _____ | | | |
| Explain as clearly as possible what happened and why you believe you were involved in this disagreement. Describe all persons who were involved. Include the name and contact information of the person(s) who were involved in the disagreement (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Section IV | | | |
| Name of person(s) complaint is against: | | | |
| Contact person: | | | |
| Title: | | | |
| Telephone number: | | | |

Attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Jessica Pritchett
Rose Hill Senior Center
401 S. Appletree St.
Dothan, AL 36301

Section IV

Have you previously filed an ADA complaint with this agency?

Yes

No

Section V

Have you filed this complaint with any other Federal, State, Local Agency, or with any Federal or State Court?

 Yes No

If yes, check all that apply:

 Federal Agency: _____ Federal Court : _____ State Court: _____ State Agency: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:**Title:****Agency:****Address:****Telephone:****Section VI****Name of person(s) complaint is against:****Contact person:****Title:****Telephone number:**

Attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature_____
Date**HOW TO SUBMIT YOUR FORM**

Please submit this form in person or by mail at the address below:

Jessica Pritchett
 Rose Hill Senior Center
 401 S. Appletree St.
 Dothan, AL 36301