

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).

COA Title VI Complaint



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:	

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

--

Race: _____

Color: _____

National Origin: _____

Creed: _____

Sex: _____

Age: _____

Earliest date:

Most recent date:

COA Title VI Complaint



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.)

--

COA Title VI Complaint



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

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

ATTN: Title VI Coordinator

4601 Malsbary Road

Blue Ash, Ohio 45242

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

Your Name

Date

Yes ☐ No ☐

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

Name:

Company or Organization:

Address:

City, State and ZIP Code:

Business Phone:

Business E-Mail:

Date Complaint Filed:

[illegible]

COA Title VI Complaint



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