

## **Notice to the Public**

### **Notifying the Public of Rights under Title VI**

Southside Senior Citizens Center posts Title VI notices in public areas of our agency and on our buses and/or paratransit vehicles.

Southside Senior Citizens Center operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

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

How to file a Title VI complaint with Southside Senior Citizens Center:

1. Southside Senior Citizens Center designates the Executive Director as the Title VI Officer with the responsibility of ensuring that Southside Senior Citizens Center complies with Title VI regulations. The Executive Director will be responsible for initiating and monitoring Title VI activities. Inquiries concerning the Southside Senior Citizens Center's policies, investigations, complaints, compliance with applicable laws and concerns regarding compliance with Title VI may be directed to the Executive Director, Southside Senior Citizens Center, 3017 Park Avenue, St. Louis, Missouri 63104, 314-664-5024.
2. In addition to the complaint process at Southside Senior Citizens Center, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, East Building, 5<sup>th</sup> Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.
3. Complaints must be filed within 180 days following the date 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 314-664-5024.

For more information on Southside Senior Citizens Center's Title VI program, and the procedures to file a complaint, contact the Executive Director at 314-664-5024; southwel@swbell.net; or visit our administrative office at 3017 Park Avenue, St. Louis, Missouri 63104.

**Southside Senior Citizens Center  
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:

Executive Director  
Southside Senior Citizens Center  
3017 Park Avenue  
St. Louis, Missouri 63104  
Email: southwel@swbell.net Fax: 314-664-5206

**PLEASE PRINT**

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Include Area Code): Home ( ) or Cell ( ) Work ( ) Other ( )		
d. Electronic Mail (Email) Address:		
Do you prefer to be contacted by this Email 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 ( ) Other ( )		

e. Electronic Mail (Email) Address:
Do you prefer to be contacted by this Email 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 ( <i>classes protected by Title VI</i> ) ( ) 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). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
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 13 above, please provide the information about a contact person at the agency/court where the complaint was filed. Name:

Title:		
Agency:		
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 is required:

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Signature Date

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

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Signature Date