



Title VI Complaint Process

Keep for your records

Title VI

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice may file a complaint with the ElderHelp.

Complaint Procedures

Title VI Complaint forms and procedures may be requested by phone, in writing or via agency website.

In order for ElderHelp to properly investigate any allegation of discrimination the complaint must be filed in writing at the following address:

Anya Delacruz, Associate Executive Director
ElderHelp of San Diego
3860 Calle Fortunada #101
San Diego, CA 92123
Fax: 619-284-0214
Email: frontdesk@elderhelpofsandiego.org
Website: www.elderhelpofsandiego.org

In order for ElderHelp to properly investigate any allegation of discrimination the complaint must be filed in writing using the Title VI Complaint Form.

1. The complaint must meet the following requirements:
 - a. Federal and state law requires complaints be filed within 180 calendar days of the alleged incident.
 - b. Complaint shall be in writing and signed by the complainant(s). In cases where Complainant is unable or incapable of providing a written statement, a verbal complaint may be made.
 - c. Include the date/s of the alleged act/s of discrimination.
 - d. Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the complaint.

2. Upon receipt of the complaint, ElderHelp's Associate Executive Director will determine the merit of the complaint, jurisdiction, accountability, and need for additional information. If resolution is not obtained through the Associate Executive Director, the complaint will be elevated to ElderHelp's Executive Director.
3. The Complainant will be provided with a written acknowledgement within thirty (30) days, that ElderHelp has either accepted or rejected the complaint.
4. A complaint must meet the following criteria for acceptance:
 - a. The Complaint must be filed within 180 calendar days of the alleged occurrence.
 - b. The allegation must involve a covered basis such as race, color, or national origin.

The allegation must involve an ElderHelp service receiving Federal-aid and provided by ElderHelp or contractor.
5. A complaint may be dismissed/closed for the following reasons:
 - a. The Complainant requests a withdrawal of the complaint.
 - b. The Complainant does not respond to any request(s) for additional information from ElderHelp within ten (10) days.
6. ElderHelp's Associate Executive Director will make a determination on the disposition of the complaint. ElderHelp may consult with its Board of Directors and/or legal counsel. In the event ElderHelp is in noncompliance with Title VI regulations, remedial actions will be listed. A copy of the complaint, ElderHelp's findings, and remedial actions (if appropriate) will be issued to FTA within 120 days of the receipt of the complaint.
7. A summary of the complaint and its resolution will be included as part of the Title VI updates to the FTA.
8. The Executive Director will ensure that all records related to ElderHelp's Title VI Complaint Process are maintained with agency records. Records will be available for compliance review audits.

A person may also file a Title VI complaint directly with the Federal Transit Administration, Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, D.C. 20590.

TITLE VI COMPLAINT FORM

Section I:

Name:

Address:

Telephone (Home)

Telephone (Mobile)

Email Address:

Section II

I believe the discrimination I experienced was based on (check all that apply)

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year) _____

Explain as clearly as possible what happened and why you believe you were discriminated against. 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.

Section III

Have you previously filed a Title VI complaint with this agency?

YES

NO

Section IV

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 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: _____

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

Signature and date required below

Signature

Date

Please mail this form to:

Anya Delacruz, Associate Executive Director
Elderhelp of San Diego
3860 Calle Fortunada #101
San Diego, CA 92123