

Title VI

Notice To The Public

St. Camillus Transportation Service gives public notice of its policy to assure full compliance with Title VI of the Civil Rights Act of 1964 as amended, the Civil Rights Restoration Act of 1987, Executive Order 12898, Executive Order 13166 and related statutes and regulations in all *St. Camillus Transportation Services* programs and activities.

Title VI of the Civil Rights Act of 1964 and related statutes and regulations, as amended, require that no person in the United States shall, on the grounds of race, color, sex, national origin, age, or disability be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which *St. Camillus Transportation Services* receives Federal financial assistance.

If you believe you have been discriminated against because of your race, color, sex, national origin, age, disability, or other unlawful basis, you may file a complaint with the *St. Camillus Director of Transportation* or with the Federal Transit Administration (FTA) and New York State Department of Transportation (NYSDOT). A complaint must be filed within 180 days from the date of the alleged act of discrimination.

For more information, to obtain a Title VI Complaint Form, and instructions on how to file a discrimination complaint, contact:

St. Camillus Director of Transportation/ Title VI Coordinator
813 Fay Road, Syracuse, NY 13219

St. Camillus website Complaint Form Information:

www.st-camillus.org



Instructions to File a (Title VI) Complaint of Discrimination

St. Camillus Transportation Services

All complaints must be submitted in writing, signed by the complainant or legal representative, and include contact information.

A complaint form is available for your convenience on the St. Camillus website: www.st-camillus.org or can be requested by mail (at the address below) or by calling the Director of Transportation at (315)-703-0663.

The completed complaint form can be submitted in person, or by mail, to the:

Director of Transportation
St. Camillus Residential Healthcare Facility
813 Fay Road
Syracuse, New York 13219

- As a complainant, you have 180 days from the date of the alleged discrimination to file your complaint with our Transportation Service. Once the complaint is received, the Service will review it to determine if the complaint falls under the scope of Title VI.
- A letter acknowledging receipt of the complaint will be mailed within seven (7) days. Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.
- Our Service will respond to and investigate Title VI complaints within 90 days of receiving a Title VI complaint form.
- 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 explains whether any corrective actions will occur.
- If the complainant wishes to appeal the decision, they have 10 business days after the date of the Closure Letter or the LOF to do so.
- A person may also file a complaint directly with the:

Title VI Coordinator, Office of Civil Rights
NY State Dept. of Transportation
50 Wolf Road, 6th Floor
Albany, NY 12232
(518) 457-1129 Fax (518) 549-1273 OCR-TitleVI@dot.ny.gov

Note: When filing a complaint directly with the NY State Dept. of Transportation it is necessary to follow that agency's instructions and use their forms.

St. Camillus Transportation Services

Title VI Complaint of Discrimination Form

Please Print:

Name _____
Address _____ City _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

- Race
- Color
- Sex
- National Origin
- Age
- Disability (ADA)
- Low-Income
- Limited English Proficiency

Type of Complaint: (Check one) _____ Program _____ Service _____ Benefit _____ Activity

Who allegedly discriminated against you?

Name _____
Address _____ City _____ Zip _____
Telephone _____

If an organization, what is its name?

Name of Organization _____
Address _____ City _____ Zip _____
Telephone _____
Name of Contact _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

First time _____

Second time _____

Third time _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can Transportation Services to do to resolve the complaint?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire _____

Signed _____ Date _____

(Signature and Date Required)

Mail to:

Director of Transportation (Title VI Coordinator)

St. Camillus Residential Healthcare Facility

813 Fay Road

Syracuse, New York 13219

Telephone: 315-703-0663