

Procedure for Filing a Title VI Complaint

See **Title VI
Complaint Form**

ATTACHMENT 1

Filing a Title VI Complaint

The complaint procedures apply to the beneficiaries of Arthur Center Community Health's programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against on the basis of race, color, or national origin by Arthur Center Community Health may file a Title VI complaint by completing and submitting the agency's **Title VI Complaint Form**. Title VI complaints must be received in writing within 180 days of the alleged discriminatory conduct.

HOW TO FILE A COMPLAINT: Information on how to file a Title VI complaint is posted on Arthur Center Community Health's website, in public areas of our agency, and within transit or paratransit vehicles.

You may download the Arthur Center's Community Health Title VI Complaint Form at www.arthurcenter.com/title-vi-patients-rights, or request a copy by writing to Arthur Center Community Health. Information on how to file a Title VI complaint may also be obtained by calling Travis Fleming at 573-582-1234 ext. 3031.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address, and telephone number.
- Specific, detailed information (how, why and when) about the alleged act of discrimination.
- Any other relevant information, including the names of any persons involved, if known, that the agency should contact for clarity of the allegations.

Please submit your complaint form to Arthur Center Community Health

Attn: Travis Fleming, CCO
340 Kelley Parkway
Mexico, MO 65265
tfleming@arthurcenter.com

COMPLAINT ACCEPTANCE: Arthur Center Community Health will process complaints that are complete. Once a completed Title VI Complaint Form is received, Arthur Center Community Health will review it to determine if Arthur Center Community Health has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by Arthur Center Community Health.

INVESTIGATIONS: Arthur Center Community Health will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Arthur Center Community Health may contact the complainant. Unless a longer period is specified by Arthur Center Community Health, the complainant will have ten (10) days from the date of the letter to send requested information to the Arthur Center Community Health investigator assigned to the case.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be administratively closed if the complainant no longer wishes to pursue the case.

LETTERS OF CLOSURE OR FINDING: After the Title VI investigator reviews the complaint, the Title VI investigator will issue one of two letters to the complainant: a closure letter or 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 Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant disagrees with Arthur Center Community Health's determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with particularity the basis for the reconsideration. Arthur Center Community Health will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Arthur Center Community Health will issue a determination letter to the complainant upon completion of the reconsideration review.

- A Determination Letter for cases where reconsideration is granted summarizes the allegations, the original finding, the basis for reconsideration, the final findings, and what remedial action(s) are necessary disciplinary action, additional training of the staff member, or other action will occur.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, East Building, 5th Floor - TCR 1200 New Jersey Avenue SE, Washington, DC 20590.

Arthur Center Community Health will notify the Missouri Department of Transportation of all Discrimination complaints within **72 hours** by contacting the MoDOT Title VI Coordinator via the External Civil Rights main line at (573) 526-2978; or via e-mail at TitleVI@modot.mo.gov.

If information is needed in another language, contact Travis Fleming at Arthur Center Community Health, or at 573-582-1234 ext. 3031.

Si necesita informacion en otro idioma, comuniquese con Travis Fleming en Arthur Center Community Health o al 573-582-1234 ext. 3031.

Attachment One

Arthur Center Community Health TITLE VI/ADA 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:
Arthur Center Community Health
340 Kelley Parkway
Mexico, MO 65265
Attn: Travis Fleming, CCO
tfleming@arthurcenter.com

PLEASE PRINT

1. Complainant's Name:

a. Address:

b. City:

State:

Zip Code:

c. Telephone (include area code): Home () or Cell ()
() -

Work
() -

d. Electronic mail (e-mail) address:

Do you prefer to be contacted by this e-mail 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: Zipcode:

d. Telephone (include area code): Home () or Cell () Work
() - () -

e. Electronic mail (e-mail) address:

Do you prefer to be contacted by this e-mail 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 (classes protected by Title VI)
() Disability (class protected by ADA)
() Other (please specify)

continued
TITLE VI COMPLAINT FORM – PAGE 2

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). *Use the back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

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 14 above, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Telephone: () -

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:

Signature

Date

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

Signature

Date

If information is needed in another language, contact Travis Fleming at tfleming@arthurcenter.com, or at (573) 582-1234 Ext. 3031.