



Congregate Meals • Transportation • Home Improvements • and Other Services for Seniors in Seminole County

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

### **Meals on Wheels, Etc.**

- Meals on Wheels, Etc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Meals on Wheels, Etc.
- For more information on Meals on Wheels, Etc. civil rights program, and the procedures to file a complaint contact Sherry Fincher at 407-333-8877.
- Inquiries or complaints related to Title VI may be sent in writing to Sherry Fincher at Meals on Wheels, 2801 S. Financial Ct., Sanford, FL 32773.
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 205990.
- If information is needed in another language, contact Sherry Fincher.

## Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by Meals on Wheels, Etc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Meals on Wheels, Etc. investigates complaints received no more than 180 days after the alleged incident. Meals on Wheels, Etc. will process complaints that are complete.

Once the complaint is received, Meals on Wheels, Etc. will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Meals on Wheels, Etc. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Meals on Wheels, Etc. may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, Meals on Wheels, Etc. can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he 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 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 wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

# Meals on Wheels, Etc.

## Titulo VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____				
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. If more space is needed, please use the back of this form.  _____ _____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No

