

HomeCare Services, Inc. of Dallas County

Notification of Rights Title VI of the Civil Rights Act

Non-Discrimination Policy and Title VI Discrimination Complaint Form

Title VI of the 1964 Civil Rights Act provides that "no person in the United States shall, on the ground 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" (42 U.S.C. Section 2000d).

HomeCare Services, Inc. of Dallas County is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, age, disability, religion, color, sex or national origin, as protected by Title VI of the 1964 Civil Rights Act.

Filing a Complaint:

HomeCare Services, Inc. of Dallas County is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin. Any person who believes they have been discriminated against based on one of these categories may file a complaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, HomeCare Services, Inc. of Dallas County will contact you to confirm receipt of your complaint form and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation may include discussions(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of the receipt of a complete complaint form. Based upon all information received, an investigation report will be submitted to the HomeCare Services, Inc. of Dallas County Executive Director. The complainant will receive a letter stating HomeCare Services, Inc. of Dallas County's final decision by the end of the 60-day time limit.

Please complete the information below and send to:

HomeCare Services, Inc. of Dallas County
ATTN: Executive Director/Board President, Title VI Coordinator
101 N. 9th Street
Adel, IA 50003

For more information contact:

HomeCare Services, Inc. of Dallas County
Executive Director/Board President, Title VI Coordinator
101 N. 9th Street
Adel, IA 50003

Phone: (515) 993-4531 extension 6

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SECTION 1 – CONTACT INFORMATION

Name:

Address:

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ - _____ (Home): (_____) _____ - _____

[Please note if any of the phone numbers are for a TDD or TTY]

E-Mail: _____ @ _____

SECTION 2 – FILING FOR ANOTHER PERSON

Are you filing this complaint on your own behalf? _____ Yes _____ No

[If you answered “Yes” to this question, go to Section 3]

If not, please supply the name and relationship of the person for whom you are filing the complaint:

Name:

Relationship:

Please explain why you have filed for a third part:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: _____ Yes _____ No

SECTION 3 – DISCRIMINATION COMPLAINT

Which of the following described the reason you believe the discrimination took place? Was it because of your: _____ Race _____ Color _____ National Origin

_____ Other: _____

Please describe the Race, Color or National Origin of the aggrieved party:

Date/Time the alleged discrimination took place:

____/____/____ (Date MM/DD/YYYY) Time: _____ a.m./p.m.

Where did the alleged discrimination take place? Specific vehicle information is helpful (e.g. Vehicle number):

Is there a person you can identify who discriminated against the aggrieved party?

Name: _____

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use additional sheets if necessary:

SECTION 4 – PREVIOUS OR EXISTING COMPLAINTS AND LAWSUITS

Have you previously filed a Title VI discrimination complaint with HomeCare Services, Inc. of Dallas County?

_____ Yes, for this incident _____ Yes, for a different incident or _____ No

Have you filed this complaint with any other agencies or a court?

____ Federal Agency ____ Federal Court ____ State Agency ____ State Court ____ Local Agency

____ Other (please specify): _____

Have you filed a claim or lawsuit regarding this complaint? _____ Yes _____ No

If yes, please provide a copy of the complaint form and note court where filed:

____ Federal Court ____ State Court

Please provide contact person information for the agency/court where the complaint was filed.

Name/Office:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

SECTION 5 – SIGNATURE

Please sign below to attest to the truthfulness of the above. You may attach any written materials or other information you think is relevant to our complaint.

Complainant's Signature

Date

NOTE: A complaint also may be filed with: Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East building, 5th Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.