Non Discrimination ADA/Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **Senior Services Plus, Inc.** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

(1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.

(2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.

(3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.

(4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.

(5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.

(6) Once submitted **Senior Services Plus, Inc.** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **Senior Services Plus, Inc.** or submitted to the State or Federal authority for guidance.

(1) **Senior Services Plus, Inc.** will notify the IDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at (217) 782-2762; or email at DOT.Complaint@illinois.gov.

(2) **Senior Services Plus, Inc.** has 90 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **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 **10** business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

(3) 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 Discrimination violation and that the case will be closed. An 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.

(4) A copy of either the closure letter or LOF must be also be submitted to IDOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.

(5) A complainant dissatisfied with **Senior Services Plus, Inc.** decision may file a complaint with the Illinois Department of Transportation **(IDOT)** or the Federal Transit Administration **(FTA)** offices of Civil Rights: **IDOT**: ATTN ADA/Title VI Program Coordinator 69 W. Washington Street Room 2100 Chicago, IL 60602 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

(6) A copy of these procedures can be found online at: **www.seniorservicesplus.org/transportation.**

If information is needed in another language, contact **618-465-3298** *Para información en Español llame: **618-465-3298**

Discrimination ADA/Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	☐ Large Print	☐ Audio Tape
	☐ TDD	☐ Other

Section II:		
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

Section III:

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

☐ Race ☐ Color ☐ National Origin ☐ Disability

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.

_____

_____

_____

Section VI:		
Have you previously filed a Discrimination Complaint with this agency?	☐ Yes	☐ No

	If yes, please provide any reference information regarding your previous complaint. _____ _____
	Section V:
	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 Agency: _____ ☐ State Court: _____ ☐ Local Agency: _____
	Please provide information about a contact person at the agency/court where the complaint was filed.
	Name:
	Title:
	Agency:
	Address:
	Telephone:
	Section VI:
	Name of agency complaint is against:
	Name of person complaint is against:
	Title:
	Location:
	Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint.
Your signature and date are **required** below:

_____ _____

Signature Date

Please submit this form in person at the address below, or mail this form to:

Senior Services Plus, Inc.
Pam Jones, Director of Programs
2603 N Rodgers Ave., Alton, IL 62002
618-465-3298 ext. 407
psmith@seniorservicesplus.org

A copy of this form can be found online at **www.seniorservicesplus.org/transportation**

Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

☒ **Senior Services Plus, Inc.**

has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **2023**.

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin or Disability)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
Investigations						
1)						
2)						
Lawsuits						
1)						
2)						
Complaints						
1)						
2)						