Ouachita Regional Counseling and Mental Health Center, Inc. Transportation Program

TITLE VI COMPLAINT PROCEDURES

GENERAL

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs receiving federal financial assistance.

The **Ouachita Regional Counseling and Mental Health Center, Inc.** has adopted a complaint procedure providing for prompt and equitable solution of complaints alleging any action prohibited by the U.S. Department of Justice regulations including but not limited to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Civil Rights Restoration Act of 1973, Civil Rights Restoration Act of 1987, and Americans with Disabilities Act of 1990.

Any person believing, he or she has been excluded from, denied participation in, denied the benefits of, or otherwise has been subjected to discrimination under any **Ouachita Regional Counseling and Mental Health Center, Inc.** service, program or activity (whether federally funded or not) due to that person's race, color, national origin, religion, sex, age, or disability has the right to file a complaint. **Ouachita Regional Counseling and Mental Health Center, Inc.** 's Personnel Policy governs employment-related complaints of discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 180 calendar days after the alleged violation to:

Michael Rhodes, (Title VI Coordinator)
Ouachita Regional Counseling and Mental Health Center, Inc.
Hot Springs, Arkansas

Email: michaelr@obhaw.org
Telephone: 501-620-5235 (voice/TTY 711)

Within 15 calendar days after receipt of the complaint, the Title VI Coordinator or designee will contact the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the Title VI Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain the position of the
Ouachita Regional Counseling and Mental Health Center, Inc. and offer options for substantive resolution of the complaint.

If the response by the Title VI Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the response to the Federal Transit Administration (FTA).

Ouachita Regional Counseling and Mental Health Center, Inc. will retain a log of all Title VI complaints received by the Title VI Coordinator for at least five (5) years. The log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response of the complaint.

Alternate formats of this policy (large print, Braille, audiotape) are available upon request. Please contact **Michael Rhodes** at 501-620-5235 (voice/TTY 711).

NOTICE OF NONDISCRIMINATION

The **Ouachita Regional Counseling and Mental Health Center, Inc.** complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the **Ouachita Regional Counseling and Mental Health Center, Inc.** does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability in the admission, access to and treatment in the **Ouachita Regional Counseling and Mental Health Center, Inc.**s programs and activities, as well as the **Ouachita Regional Counseling and Mental Health Center, Inc.**s hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the **Ouachita Regional Counseling and Mental Health Center, Inc.**'s nondiscrimination policies may be directed to **Michael Rhodes** (Title VI Coordinator 501-620-5235 _____, (Voice/TTY 711), or the following email address: **Michaelr@obhaw.org** or Traci White (ADA/Section 504 Coordinator), **traciw@obhaw.org**.

Free language assistance may be available upon request.

This notice is available from the ADA/Section 504/Title VI Coordinator in large print, on audiotape, and in Braille.

Title VI and Related Programs
Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 states "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."

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

Language assistance may be available upon request. Please contact **Michael Rhodes, 501-620-5235**.

Complete this form and return it to:

Ouachita Regional Counseling and Mental Health Center, Inc.
Attn: **Michael Rhodes**
125 Wellness Way, Hot Springs, AR 71913

Complainant's Name:

_____

Address: _____ City:_____

State: _____ Zip Code: _____

Telephone (Home): _____Telephone (Work): _____

Person(s) discriminated against (if other than complainant)

Name:

_____

Address: _____City: _____

State: _____Zip Code: _____

Telephone (Home): _____Telephone (Work): _____

What is the discrimination complaint based on?

Federal Highway Administration (FHWA): ☐

Race

☐ Color

☐ National Origin ☐

Other (specify)

Federal Transit Administration (FTA): ☐

Race

☐ Color

☐ National Origin ☐

Other (specify)

Federal Motor Carrier Safety Administration (FMCSA): ☐

Race

☐ Color

☐ National Origin ☐

Other (specify)

Date of the alleged discrimination: _____

Location: _____

Agency or person that was responsible for the alleged discrimination:

_____

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

☐ Arkansas Department of Transportation ☐

FHWA

☐ FTA

☐ Department of Justice ☐ Transit Provider

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged discrimination.

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature

Date