

Fontana Community Senior Center Transportation Program

Title VI Notice to the Public

The **City of Fontana Senior Transportation Program (CFSTP)** hereby gives public notice that it is policy to operate all 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 that they are being denied participation in the CFSTP because of race, color, or national origin may contact:

City of Fontana– Senior Transportation Services, Attn: Community Services Manager, 16860 Valencia Ave., Fontana, CA 92335, (909) 349 – 6900.

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, 5th Floor-TCR, 1200 New Jersey Avenue SE, Washington, DC 20590

A signed written complaint must be submitted within 180 calendar days of the alleged discriminatory act (or latest occurrence). CFSTP will acknowledge receipt of complaint within 10 business days.

Title VI Complaint Procedures

As a recipient of federal dollars, the City of Fontana Senior Transportation program is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. The City of Fontana Senior Transportation Program has a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the City of Fontana Senior Transportation Program may file a title VI complaint by completing and submitting the agency's Title VI Complaint Form. The City of Fontana Senior Transportation Program investigates complaints received no more than 180 days after the alleged incident. The City of Fontana Senior Transportation Program will only process complaints that are complete.

Within 10 business days of receiving the complaint, the City of Fontana Senior Transportation program 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. The City of Fontana Senior Transportation Program has 30 days to investigate the complaint. The complainant will be notified in writing of the cause to any planned extension to the 30-day rule.

If more information is needed to resolve the case, the City of Fontana Senior Transportation Program 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 City of Fontana Senior Transportation Program can administratively close the case.

A case can be administratively closed also if the complainant no longer wishes to pursue their case. After the investigator reviews the complaint, he/she 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. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member(s), or other action will occur. If the complainant wishes to appeal the decision, he/she has 10 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at Federal Transit Administration Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.



City of Fontana Senior Transportation Program Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone: (Home)		
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)		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
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 attach additional pages to this complaint form.		
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Section IV:		
Have you previously filed a Title VI complaint with this agency?	Yes	No

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Section V:	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If you answer yes to this question, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____	
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____	
Please provide information about a contact person at the agency/court where the complaint was filed?	
Name: _____ Title: _____	
Address: _____ Agency: _____	
Telephone: _____	
Section VI:	
Name of agency complaint is against: _____	
Contact person: _____ Title: _____	
Telephone: _____	
You may attach any written materials or other information that you think is relevant to your complaint.	
_____	_____
Signature	Date
Please submit this form in person or via mail to: City of Fontana Senior Transportation Program Attn: Community Services Manager 16860 Valencia Ave. Fontana, CA 92335	