Title VI Complaint Procedures

As a recipient of federal dollars, SDCB 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. SDCB has in place 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 she or he has been discriminated against based on race, color, or national origin by the San Diego Center for the Blind (SDCB) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. SDCB investigates complaints received no more than 180 days after the alleged incident. SDCB will only process complaints that are complete.

Within 10 business days of receiving the complaint, SDCB will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office. SDCB has 30 days to investigate the complaint. The complainant will be notified in writing of the cause of any planned extension to the 30-day rule.

If more information is needed to resolve the case, SDCB 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, SDCB 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, 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. 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. If the complainant wishes to appeal against the decision, she/he 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 FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

The San Diego Center for the Blind Title VI Complaint Form

COMPLAINT FORM

Section I: ***Please write legibly***			
1. Name:			
2. Address:			
3. Telephone:	3.a. Secondary Phone *(Optional):*		
4. Email Address:			
5. Accessible Format Requirements?	[ ] Large Print	[ ] Audio Tape	
	[ ] TDD	[ ] Other	
Section II:			
6. Is your filing this complaint on your own behalf?		YES*	NO
*If you answered "yes" to #6, go to Section III.			
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:			
8. What is your relationship with this individual:			
9. Please explain why you have filed for a third party:			
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.		YES	NO
Section III:			
11. I believe the discrimination I experienced was based on *(check all that apply):* **[ ] Race** **[ ] Color** **[ ] National Origin**			
12. Date of alleged discrimination: (*mm/dd/yyyy)*			
13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the people 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 sheets of paper.			

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COMPLAINT FORM

Section IV:		
14. Have you previously filed a Title VI complaint with SDCB ?	YES	NO
Section V:		
15. 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 _____ [ ] State Agency _____ [ ] Federal Court _____ [ ] Local Agency _____ [ ] State Court _____		
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone: Email:		
Section VI:		
Name of Transit Agency complaint is against:		
Contact Person:		
Telephone:		

You may attach any written materials or other information relevant to your complaint. Signature and date are required below to complete form:

Signature_____ Date_____

Please submit this form in person or mail this form to the address below:
San Diego Center for the Blind
Title VI Coordinator: Kimberly Taylor
5922 El Cajon Boulevard
San Diego, CA 92115-3826