

*Coarc*

**Civil Rights COMPLAINT PROCESS**

*Coarc* operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964. It also does not discriminate against qualified individuals with a disability in its services, programs, or activities under Title II of the ADA.

If you have a complaint about the services, programs, or activities of *Coarc* you are encouraged to file your complaint with:

Melanie Brodowski  
Quality Services Director/Title VI Coordinator  
630 Route 217 Mellenville, NY 12544  
518-672-4451  
Melanieb@coarc.org  
Monday-Friday 8am-4pm

*Coarc*'s complaint procedure is designed to informally resolve complaints of discrimination. To file a complaint, please follow the steps of the complaint procedure (listed on the next page).

## **PROCEDURES**

The Civil Rights Complaint procedure is designed to informally resolve conflicts with Coarc involving allegations of discrimination in access to programs, and services for persons under Title II and/or Title VI.

If you need assistance in filing or writing your complaint, at your request, *Melanie Brodowski, Quality Services Director* will assist you, or help you locate an impartial advocate or representative not associated with the agency. You must also specify any other reasonable accommodation you may require in order to effectively communicate your complaint. The complaint form must be filled out completely and filed with *Melanie Brodowski, Quality Services Director/Title VI Coordinator* **within 90 calendar days** from the date of the alleged discriminatory action or practice.

Once you have completed the Complaint Form on the following page, follow the steps listed after the complaint form for filing your complaint. It is important for you to keep copies of your original complaint, notifications you receive after meeting with *Melanie Brodowski, Quality Services Director/Title VI Coordinator*, as well as any other correspondence or other documentation that is related to your complaint, and bring those copies to all meetings, reviews, and appeals related to your complaint.

**Coarc  
Civil Rights Complaint Form**

Name of person filling out form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of person allegedly discriminated against (if different from person filling out form):

\_\_\_\_\_

Do you have the permission of the person allegedly discriminated against to file this complaint or are you an authorized representative?

Yes \_\_\_\_\_

No \_\_\_\_\_

Basis of Complaint: (Check all that apply)

Race \_\_\_\_\_

National Origin \_\_\_\_\_

Color \_\_\_\_\_

Disability \_\_\_\_\_

Did the alleged discrimination involve a transit-related program, benefit, activity, or service receiving federal assistance?

Yes \_\_\_\_\_

No \_\_\_\_\_

Not Sure \_\_\_\_\_

Who allegedly committed discrimination?

Name/position/program: \_\_\_\_\_

Describe the alleged discrimination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the alleged discrimination occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) and Time(s) alleged discrimination occurred?

\_\_\_\_\_

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Were there any witnesses? If, yes, please provide name and telephone or other contact information

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Have you filed your complaint with anyone else? (Who? When? Complaint number if known):

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Do you have an attorney is this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

When did you retain the attorney? \_\_\_\_\_

You may attach written materials or other information that you think is relevant to your complaint.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **STEPS FOR FILING YOUR TITLE II ADA COMPLAINT**

### **Step 1: Fill Out and Deliver Your Complaint**

Hand deliver or mail your complaint to the *Melanie Brodowski, Quality Services Director/Title VI Coordinator*. If you need a reasonable accommodation, such as an interpreter or an alternative format, list this on your complaint form so *Melanie Brodowski, Quality Services Director/Title VI Coordinator* will be able to effectively communicate with you at your meeting.

### **Step 2: Contact with *Melanie Brodowski, Quality Services Director/Title VI Coordinator*.**

- a) **Within 10 business days** of having received the complete complaint, *Melanie Brodowski, Quality Services Director/Title VI Coordinator*. will meet with you personally, or contact you by telephone.

### Step 3: Resolution of Your Complaint

- a) If a **satisfactory resolution** is reached, a written agreement will be jointly developed and signed by you, and *Melanie Brodowski, Quality Services Director/Title VI Coordinator*. The agreement of resolution will be issued to you within **10 business days**. The written agreement will include:
- 1) A description of the complaint
  - 2) A finding of facts
  - 3) A description of how the complaint will be resolved
  - 4) When the complaint will be resolved
  - 5) An assurance that the agency will comply with the specific terms of the agreement
- b) If *Melanie Brodowski, Quality Services Director/Title VI Coordinator* is **unable to resolve** the complaint with you, you will be notified of this non-resolution **within 10 business days**. The notification will include:
- 1) A description of the complaint
  - 2) A summary of any resolution proposed
  - 3) A statement addressing the issues that were not resolved at the meeting.

Mail to:

*Coarc*

*Attention Title VI Coordinator*

*630 Route 217 PO Box 2*

*Mellenville, NY 12544*

If a satisfactory resolution is not reached complaints may be filed directly with the:

Federal Transit Administration

Office of Civil Rights

Title VI Program Coordinator East Building, 5th Floor-TRC

New Jersey Ave, SE

Washington D.C. 20950