



*Meeting needs. Promoting independence.*

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[www.CASSdelivers.org](http://www.CASSdelivers.org)

## **Notifying the Public of Rights under Title VI Cincinnati Area Senior Services**

- Cincinnati Area Senior Services operates its programs and services without regard to race, color, national origin, sex, age, disability, or low-income status in accordance with Title VI of the Civil Rights Act of 1964 and its related statutes. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Cincinnati Area Senior Services.
- For more information on Cincinnati Area Senior Services civil rights program and the procedures to file a complaint, contact Connie Baker, COO, 513-559-4485; [cbaker@cassdelivers.org](mailto:cbaker@cassdelivers.org); or visit our administrative office at 644 Linn Street, STE 304, Cincinnati, Ohio 45203. For more information, visit [cassdelivers.org](http://cassdelivers.org).
- A complainant may file a complaint directly with the Federal Highway Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, 1200 New Jersey Avenue, SE, Washington, DC 20590 or with the Federal Transit Administration (for transit-related issues), Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590 or with the Ohio Department of Transportation, Office of Equal Opportunity, Attention: Aisha Powell, Title VI Program Manager, 1980 W. Broad Street, 2<sup>nd</sup> Floor, Mail Stop: 3270, Columbus, OH 43223.
- Any person who believes he/she or any specific class of persons has been subject to discrimination or retaliation prohibited by any of the civil rights laws may file a written complaint. The complaint may be filed by the affected individual or a representative and must be in writing. Complaints must be received within 180 days after the alleged discriminatory action, outlined in writing the facts and circumstances surrounding the complaint. The complaint must include the date of the alleged act of discrimination or the date when the person became aware of the alleged discrimination or where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.
- If information is needed in another language, contact Connie Baker, COO.\*
- Si necesita informacion en otro idioma, comuniquese con Connie Baker, COO
- Если информация требуется на другом языке, свяжитесь с Конни Бейкер, COO

\* *Make sure the sentence above is provided in any language(s) spoken by identified LEP populations.*

Ohio Department of Transportation  
TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

FOR OFFICE USE ONLY: Location: \_\_\_\_\_ Dist. /Div.: \_\_\_\_\_

ODOT is committed to ensuring that no person will be denied the benefits of or be excluded from the participation in or be subjected to discrimination under any program, service, or activity administered by ODOT or its sub-recipients, consultants, or contractors on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Title VI/Nondiscrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

**Complainant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Telephone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Are you filing this complaint on your own behalf?** Yes \_\_\_ No \_\_\_ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party:

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

**Please indicate why you believe the alleged discrimination occurred:**

Race  Color  National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)

Gender/Sex  Age  Disability  Low-Income Status  Limited English Proficiency

**Date and place of alleged discriminatory actions.** Please include earliest date and most recent date of discrimination: \_\_\_\_\_

**Please describe the circumstances of the alleged discrimination.** Describe as clearly as possible what happened and why you believe you were discriminated against based on your protected status (e.g., race, color, national origin, etc.): \_\_\_\_\_

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

**Were there any witnesses to your alleged discrimination?** Yes \_\_\_ No \_\_\_ If yes, provide their name(s) and phone number(s): \_\_\_\_\_

**What remedy are you requesting?** Please be specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you filed, or intend to file a charge or complaint regarding the matters raised in this complaint with any other agencies or courts (federal, state, or local)?** Yes \_\_\_ No \_\_\_

If you have already filed a charge, or complaint please provide the following:

Agency/Court: \_\_\_\_\_ Date filed: \_\_\_\_\_

Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Status of case: \_\_\_\_\_ Attorney Phone Number: \_\_\_\_\_

Ohio Department of Transportation  
TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

**Please provide any additional information that you believe is relevant to this complaint;  
attach additional documentation which supports your allegations if needed.**

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*[For transit-related complaints, individuals who believe they have been subjected to discrimination must attempt to resolve the issue at the lowest level possible. That is, if you believe you have been discriminated against by a local transit provider you must file an internal complaint first with the local provider. Complaint forms can be found in public areas of the transit provider and on the provider's website.]*

**Sign and date this form and send all documents to:**

Ohio Department of Transportation  
Office of Equal Opportunity; MailStop 3270  
1980 West Broad Street, 3rd floor  
Columbus, Ohio 43223  
Phone: (614) 466-3664; Ohio Relay Service: (800) 750-0750

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note-we cannot accept an unsigned complaint form**

