CAMBRIA COUNTY ASSOCIATION
FOR THE BLIND AND HANDICAPPED
TARA L. BOSSERMAN, *President*

JOHNSTOWN DIVISION
211 Central Avenue
Johnstown, Pennsylvania 15902-2495 USA
Phone (814) 536-3531
Fax: (814) 539-3270
www.ccabh.com

EBENSBURG DIVISION
175 Industrial Park Rd.
Ebensburg, Pennsylvania 15931-4109 USA
Phone (814) 472-5077
Fax: (814) 472-7179
www.cabproducts.com

CAMBRIA COUNTY ASSOCIATION FOR THE BLIND AND HANDICAPPED

TITLE VI STATEMENT OF POLICY AND PUBLIC NOTICE

The Cambria County Association for the Blind and Handicapped, hereby known as CCABH, assures full compliance with Title VI of the Civil Rights Act of 1964, as amended and its related statutes. No person is excluded from participation in, denied the benefits of its services, or otherwise subjected to discrimination on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

Any person who believes that he or she has been unlawfully discriminated against may file a formal complaint with CCABH within 180 days following the date of the alleged incident.

For more information regarding civil rights complaints, please contact:

Vice President of Rehabilitation / Compliance Officer

CCABH

211 Central Avenue

Johnstown, PA 15902

Phone: 814-536-3531

Email: ccabh@ccabhproducts.com

Note: This notice is posted in all of our vehicles, as well as on company bulletin boards, and in the main offices of our company.

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ADA and Title VI Complaint Procedure

Any person who believes that she or he has been discriminated against on the basis of disability, race, color, or national origin by the Cambria County Association for the Blind and Handicapped (hereinafter referred to as "CCABH") may file an ADA and Title VI complaint by completing and submitting the agency's ADA and Title VI Complaint Form. The CCABH investigates complaints received no more than 180 days after the alleged incident. CCABH will process complaints that are complete.

Once the complaint is received, the CCABH will review it to determine if our office has jurisdiction. The complaint will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The CCABH has 30 days to investigate the complaint. If more information is needed to resolve the case, CCABH may contact the complainant. The complainant has 30 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 30 business days, the Authority can administratively close the case. A case can also be administratively closed 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 an ADA and 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 the decision, she/he has 30 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.

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ADA and TITLE VI COMPLAINT FORM

The Americans with Disabilities CT (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

Title VI of the 1964 Civil Rights Act requires that "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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print CLEARLY:

Section 1:
Name:
Address:
Telephone (Home): Telephone (Work):
Electronic Mail Address:
Accessible Format Requirements : ☐ Large Print ☐ Audio tape ☐ TDD ☐ Other
Section 2 :
Are you filing this complaint on your own behalf? ☐ Yes* ☐ No *If you answered "yes" to this question, go to Section 3.
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 3:

I believe that the discrimination that I experienced was based on (Check all that apply):

☐ Disability ☐ Race** ☐ Color** ☐ 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 use the back of this form:

Section 4:

Have you previously filed a Title VI complaint with this agency? Yes ☐ No ☐

Section 5:

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:
☐ Federal Court: ☐ State Agency:
☐ State Court: ☐ Local Agency:

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section 6:

Name of agency complaint is against:

Contact Person:

Title:

Telephone:

** Indicates is specific to Title VI of the Civil Rights Act of 1964

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below.

_____ _____

Signature Date

_____

Print your name

Please submit this form in person to the address below, or mail this form to:

Vice President of Rehabilitation
Cambria County Association for the Blind and Handicapped
211 Central Avenue
Johnstown, PA 15902