

Catholic Family & Community Services Title VI Complaint Procedure

A notice providing the following information is posted prominently in the Adult Center bus. It is also posted on a public bulletin board within the Paterson Adult Day Center of Catholic Family & Community Services.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by (Catholic Family & Community Services) (hereinafter referred to as "the Authority") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. (Catholic Family & Community Services) investigates complaints received no more than 180 days after the alleged incident. The Authority will process complaints that are complete.

Once the complaint is received, the Authority 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.

The Authority has 5 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 15 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 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 the decision, she/he has XX days after the date of the letter or the LOF to do so.

Catholic Family & Community Services Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

Accessible Format Requirements? (Select One or More)

- Large Print
- TDD
- Audio Tape
- Other

B. Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

Relationship to 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

C. Which of the following best describes the reason you believe the discrimination took place?

____ Race ____ Color ____ National Origin Other _____

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Other: _____

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. 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 additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____

Attachments: Yes _____ No _____

H. Submit form and any additional information to:

Chris Barton, Executive Director

Catholic Family & Community Services

24 DeGrasse Street

Paterson, NJ 07505