

## Notifying the Public of Rights Under Title VI

### **THE BOARD OF ASHTABULA COUNTY COMMISSIONERS**

- The Board of Ashtabula County Commissioners on behalf of the Ashtabula County Transportation System (ACTS) operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Ashtabula County Commissioners.
- For more information on the Ashtabula County's civil rights program, and the procedures to file a complaint, contact Janet Discher at 440.576.3750 (TTY 800.750.0750); e-mail [Commissioners@ashtabulacounty.us](mailto:Commissioners@ashtabulacounty.us); or visit our administrative office at 25 West Jefferson Street, Jefferson, OH 44047. For more information, visit <http://www.co.ashtabula.oh.us/ifs>.
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590.
- If information is needed in another language, contact 800.750.0750.

**TITLE VI COMPLAINT FORM**

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
<b>Section II:</b>			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
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
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Low Income	
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.  _____  _____			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with this agency?		Yes	No
<b>Section V</b>			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below:

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

\_\_\_\_\_  
Printed Name

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

Board of Ashtabula County Commissioners  
 Attn: Janet Discher  
 25 W. Jefferson Street  
 Jefferson, Ohio 44047