

How to file a Title VI complaint with Ozark Center:

1. Obtain complaint form from Program Director or visit the Ozark Center website.
2. In addition to the complaint process at Ozark Center, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information as possible.
4. The form must be printed, signed, dated, and faxed to 417-347-7608, Attention: Tiffany Stout
5. If information is needed in another language, contact Ozark Center Compliance Officer. (417) 347-7600

OZARK CENTER TITLE VI COMPLAINT FORM

“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 that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or fax this from to:

Ozark Center
Attn: Compliance Officer
P.O. Box 2526
Joplin, MO 64803
Fax 417-347-7608

PLEASE PRINT if you are not completing the on-line version of this form.

1. Complainant's Name		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home or Cell) Please include area Code Telephone (Work)		
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible Format of Form Needed: <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD Other (Please specify):		
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7 <input type="checkbox"/> No If NO, please go to question 4		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home or Cell) Please include area Code Telephone (Work)		

e. Electronic Mail Address:

Do you prefer to be contacted via this e-mail Address: Yes No

5. What is your relationship to the person for whom you are filing this complaint?

<p>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</p> <p><input type="checkbox"/> Yes, I have permission <input type="checkbox"/> No, I do not have permission</p>		
<p>7. I believe that the discrimination I experienced was based on (check all that apply)</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin (Classes protected by Title VI)</p> <p><input type="checkbox"/> Other (please specify)</p>		
<p>8. Date of Alleged Discrimination (Month, Day, Year):</p>		
<p>9. Where did the Alleged Discrimination take Place?</p>		
<p>10. Explain as clearly as possible what happen and why you believe that you were discriminated against. Describe all the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.</p> 		
<p>11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.</p> 		
<p>12. What type of corrective action would you like to see taken?</p>		
<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No</p> <p>a. <input type="checkbox"/> Federal Agency (List agency's name)</p> <p>b. <input type="checkbox"/> Federal Court (Please provide location)</p> <p>c. <input type="checkbox"/> State Court</p> <p>d. <input type="checkbox"/> State Agency (Specify Agency)</p> <p>e. <input type="checkbox"/> County court (Specify Court and County)</p> <p>f. <input type="checkbox"/> Local Agency (Specify Agency)</p>		
<p>14. Please provide information about a contact person at the agency/court where the complaint was filed.</p> <p>Name: _____ Title: _____</p> <p>Agency: _____ Telephone# _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>		

6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes, I have permission

No, I do not have permission

If you completed Questions 4, 5 and 6, you signature and date is required

Signature

Date

Please submit to:
Ozark Center
Compliance Officer
PO Box 2526
Joplin, MO 64803

OZARK CENTER

TITLE VI PROGRAM

Submitted by _____ Date_____

Mary Parrigon
Chief Operating Officer
Ozark Center

----- Date-----

Doug Doll
Board Chairman