

PUBLIC NOTICE OF RIGHTS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Social & Learning Institute, Inc. operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Social & Learning Institute, Inc.

For more information on Social & Learning Institute, Inc. civil rights plan and the procedures to file a complaint contact the Executive Director of Social & Learning Institute, Inc. at 219-879-2200 or email contact@socialandlearning.org. You may also visit our office at 201 East Garfield Street, Michigan City, Indiana 46360.

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint at the address below.

Federal Transit Administration | Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor – TRC | 1200 New Jersey Avenue, SE | Washington DC 20590

If information is needed in another language or alternate format, contact Social & Learning Institute, Inc. at 219-879-2200 or email contact@socialandlearning.org Subject: Title VI

COMPLAINT PROCEDURE

Any person who believes she or he has been discriminated against on the basis of race, color, national origin, ADA, gender, or age by Social & Learning Institute, Inc. may file a Title VI complaint by completing and submitting the agency's Consolidated Complaint Form. Social & Learning Institute, Inc. investigates complaints received no more than 180 days after the alleged incident. Social & Learning Institute, Inc. will process complaints that are complete.

Within 60 days of the receipt of the complaint Social & Learning Institute, Inc. shall conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complainant. The complainant will receive one of the following notifications:

- A closure letter summarizing the allegations, stating no finding of a Title VI violation and notification of case closure.
- A letter of finding (LOF) summarizing the allegations and interviews regarding the alleged incident, and explanation of 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 5 business days after the date of the closure letter or the LOF to do so.



TITLE VI PLAN CONSOLIDATED COMPLAINT FORM

Section I
Full Legal Name: Mailing Address: E-Mail Address:
Primary Telephone: Home Mobile Work Alternate Telephone: Home Mobile Work
Accessible Format Requirements? Large Print Audio Tape TDD Other:
Section II
Are you filing this complaint on your own behalf? If you answered "Yes", continue to Section III
If you answered "No", provide the name and relationship of the person for whom you are complaining: Full Legal Name: Relationship:
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 III
I believe the discrimination I experienced was based on (check all that apply): Title VI: [] Race [] Color [] National Origin Other: [] ADA [] Gender [] Age
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 attach additional pages.

Section IV
Have you previously filed a Title VI complaint with this agency? Yes No
Section V Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No If you answered "Yes" (check all that apply): Federal Agency: State Agency: State Court:
Local Agency:
Provide information about a contact person at the agency/court where the complaint was filed: Name: Title:
Agency/Court:Address:
Telephone:
Section VI
Provide information about the agency your complaint is against: Agency Name:
Agency Name: Contact Person: Title:
Telephone:
You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below:
Signature Date
Please submit this form in person at the address below, or mail this form to: Executive Director Social & Learning Institute, Inc. 201 East Garfield Street

The Social & Learning Institute, Inc. TITLE VI PLAN

Michigan City, IN 46360