

CALL A RIDE SERVICE, INC. (CARS)

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964 for alleged discrimination in any program or activity administered by the Call A Ride Service, Inc.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting (s) between the affected parties and CARS may be utilized for resolution. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited under Title VI and related statutes may file separate complaints.

1. A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address and telephone number; name of alleged discrimination official, basis of complaint (race, color, national origin), and the date of alleged act (s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints. A CARS Title VI complaint form can be found at the end of this document. CARS encourages individuals to submit Title VI complaints in writing using this form and mailing it to either:

CALL A RIDE SERVICE, INC.
DIRECTOR –TITLE VI
249 WEST THIRD ST.
LEWISTOWN, PA 17044

MJ REGIONAL SERVICES
HR – TITLE VI
249 WEST THIRD ST.
LEWISTOWN, PA 17044
(Authorized designee)

2. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the CARS Director. Under these circumstances, the complainant will be interviewed, and the CARS Director will assist the complainant in completing a written statement.
3. When a complaint is received, the Director will provide written acknowledgment to the Complainant, within ten (10) business days by registered mail.
4. If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.
5. Within 15 business days from receipt of a complete complaint, CARS will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Director or his/her authorized designee will notify the Complainant and Respondent, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.

- b. If the complaint is to be investigated, the notification shall state the grounds of CARS jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
6. When CARS does not have sufficient jurisdiction, the Director or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.
7. If the complaint has investigative merit, the Director or his/her authorized designee will give the information to CARS Board, which will require a full investigation of the complaint. A complete investigation will be conducted, and an investigative report will be submitted to the CARS Board within 60 days from receipt of the complaint. The report will include a description of the incident, summaries of all persons interviewed, and a finding with recommendations and proposed resolution where appropriate. If the investigation is delayed for any reason, the Director will notify the appropriate authorities, and an extension will be requested.
8. The Director or his/her authorized designee will issue letters of findings to the complainant and Respondent within 90 days from the receipt of the complaint.
9. If the Complainant is dissatisfied with CARS resolution of the complaint, he/she has the right to file a complaint in the time allotted by law with:

Federal Transit Administration Region 3
1760 market Street Suite 500
Philadelphia, PA 19103-4124
(215)656-7100 (telephone)
(215)656-7260 (fax)

FEDERAL TRANSIT ADMINISTRATION CIVIL RIGHTS ASSURANCE

CALL A RIDE SERVICE, INC., (CARS) hereby certifies that, as a condition of receiving Federal financial assistance under the Federal Transit Act of 1964, as amended, it will ensure that:

1. No person on the basis of race, color, or national origin will be subjected to discrimination in the level and quality of transportation services and transit-related benefits.
2. CARS will compile, maintain, and submit in a timely manner Title VI information required by FTA Circular 41702.1 and in compliance with the Department of Transportation's Title VI regulation, 49CFR Part 21.9.
3. CARS will make it known to the public that those persons alleging discrimination on the basis of race, color or national origin as it relates to the provision or transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The person whose signature appears below is authorized to sign this assurance on behalf of the grant applicant or recipient.

Cynthia N. Sunderland

Cynthia N. Sunderland, Director
Call A Ride Service, Inc.

Title VI COMPLAINT FORM

Instructions: If you would like to submit a Title VI Complaint to Call A Ride Service, Inc., please complete the form below and return it to:

CALL A RIDE SERVICE, INC.
DIRECTOR –TITLE VI
249 WEST THIRD ST.
LEWISTOWN, PA 17044

MJ REGIONAL SERVICES
HR – TITLE VI
249 WEST THIRD ST.
LEWISTOWN, PA 17044
(Authorized designee)

For any further questions, you may call 717-242-2277 or email cars@mymjrs.com

1. Name of Complainant: _____
2. Mailing Address: _____ (street)
_____ (city,state,zip)
3. Phone: _____
4. (If applicable) Name of person (s) you believe discriminated against you.

5. Date of incident: _____
6. Discrimination was based on (please check all that apply):
Race _____ Color _____ Nationality _____ Origin _____ Other _____
If other, explain: _____
7. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you.

8. Why do you believe these events occurred?

9. Is there any other information that you feel may be relevant to this investigation?

10. How can these issues be resolved to your satisfaction?

11. Please list any person (s) who we can contact for additional information or to support your complaint:

Name: _____

Address: _____

Phone: _____

12. 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 Court _____

State Agency _____ Local Agency _____

If filed at an agency and/or court, please provide information on a contact person at that Agency/Court:

Agency/Court _____ Contact Name: _____

Address: _____

Phone: _____

Signature of Complainant

Date Filed