

**Harper County Department on Aging
Harper County Public Transportation Services
Post Office Box 462, 201 North Jennings Street
Anthony, Kansas 67003
Telephone 620-842-5104 or Toll Free at 877-537-2110
FAX 620-842-3455
E-mail: aging@harpercountyks.gov**

Title VI Complaint Procedures

The following pertains only to Title VI complaints regarding the services of Harper County Dept. on Aging.

Title VI 42 U.S.C. 2000d et seq., was enacted as part of the Civil Rights Act of 1964. At the heart of the regulations is the statement that:

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.

Harper County Dept. on Aging has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in Chapter III of the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. If you believe that the Harper County Dept. on Aging's federal funded programs have discriminated your civil rights on the basis of race, color, or national origin you may file a written complaint by following the procedure outlined below:

1. Submission of Complaint.

Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by the Harper County Dept. on Aging, may file a written complaint with the Harper County Dept. on Aging's County Aging Director. A sample complaint form is available for downloading at www.harpercountyks.gov and is available in hard copy at the office of Harper County Dept. on Aging. Upon request, Harper County Dept. on Aging will mail the complaint form. **Such complaint must be filed within 180 calendar days after the date the discrimination occurred.**

Notes: Assistance in the preparation of any complaint will be provided to a person or persons upon request and as appropriate. If information is needed in another language, then contact, Harper County Dept. on Aging at 620-842-5104.

Complaints should be mailed to or submitted by hand to:

Harper County Dept. on Aging
201 N. Jennings, P.O. Box 462
Anthony, KS 67003
ATTN: County Aging Director

2. Referral to Review Officer.

Upon receipt of the complaint, the County Aging Director shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the County Aging Director shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to Harper County Dept. on Aging's processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the County Aging Director for concurrence. If the County Aging Director concurs, he or she shall issue the Harper County Dept. on Aging's written response to the Complainant. This final report should include a summary of the investigation; all findings will recommendations, corrective measures where appropriate.

Note: Upon receipt of a complaint, the Harper County Dept. on Aging shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and FTA Region 7 contacts.

3. Request for Reconsideration.

If the Complainant disagrees with the County Aging Director's response, he or she may request reconsideration by submitting the request, in writing, to the County Aging Director within 10 calendar days after receipt of the County Aging Director response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the County Aging Director. The County Aging Director will notify the Complainant of his or her decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where the agency County Aging Director agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2 above.

4. Appeal.

If the request for reconsideration is denied, the Complainant may appeal the County Aging Director's response by submitting a written appeal to the Harper County Commissioner's no later than 10 calendar days after receipt of the County Aging Director's written decision rejecting reconsideration. The Harper County Commissioners will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.

5. Submission of Complaint to the State of Kansas Department of Transportation

If the Complainant is dissatisfied with Harper County Dept. on Aging's resolution of the complaint, he or she may also submit a written complaint within 180 days after the alleged date of discrimination to the State of Kansas Department of Transportation for further investigation.

KDOT Office of Contract Compliance
Eisenhower State Office Building
700 Southwest Harrison
3rd Floor West
Topeka, KS 66603

Harper County Dept. on Aging - Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the *Harper County Dept. on Aging*. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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
Section III:				
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				
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? <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:		
Section VI		
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 _____

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

**Harper County Dept. on Aging
201 N. Jennings, P.O. Box 462
Anthony, KS 67003**