

### **C. Notifying the Public of Rights under Title VI:**

SFCBDD displays Title VI/ADA notices on the agency's website, in public areas of the agency, in the board room, and on all buses and/or para-transit vehicles.

SFCBDD 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.

SFCBDD operates its programs and services without discrimination against individuals with disabilities, in accordance with the Americans with Disabilities Act of 1990.

If you believe you have been discriminated against on the basis of race, color, or national origin by SFCBDD you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

#### **How to file a Title VI/ADA complaint with SFCBDD:**

For questions or more information on SFCBDD's Title VI obligations, please contact Amanda Newberry, Executive Director, at 573-756-0595, by email at [anewberry@sfcbdd.com](mailto:anewberry@sfcbdd.com), or by mail at:

St. Francois County Board for the Developmentally Disabled  
P.O. Box 652  
Farmington, MO 63640

Complaint forms can also be obtained through the following methods;

- Agency website @ <http://stfrancoiscountyboard.org/>
- In person at SFCBDD office located at 2068 N. Washington St., Farmington
- By Telephone request at 573-756-0595
- Or request by mail: St. Francois County Board for the Developmentally Disabled  
P.O. Box 652  
Farmington, MO 63640

In addition, complaints may be filed directly with the Federal Transit Administration (FTA) Region 7 Office, located in Kansas City, Missouri or call (816) 329-3920.

Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible. The form must be signed and dated, and include your contact information

**Attachment 2**  
**SFCBDD TITLE VI/ADA COMPLAINT FORM**

“No person in the United States shall, on the basis 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 return this form to:

Amanda Newberry, Director  
 St. Francois County Board for the Developmentally Disabled  
 P.O. Box 652  
 Farmington, MO 63640  
[anewberry@sfcbdd.com](mailto:anewberry@sfcbdd.com)  
 fax: 573-756-1529

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
d. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
2. Accessible Format of Form Needed? ( ) YES specify: _____ ( ) NO		
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) NO If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip code:
d. Telephone (include area code): Home ( ) or Cell ( )		Work
( ) -		( ) -
e. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
5. What is your relationship to the person for whom you are filing the complaint?		
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.		
7. I believe that the discrimination I experienced was based on (check all that apply):		
( ) Race ( ) Color ( ) National Origin (classes protected by Title VI)		
( ) Disability (class protected by ADA)		
( ) Other (please specify)		

continued  
TITLE VI/ADA COMPLAINT FORM – PAGE 2

8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
12. What type of corrective action would you like to see taken?
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO a. ( ) Federal Agency (List agency's name) b. ( ) Federal Court (Please provide location) c. ( ) State Court d. ( ) State Agency (Specify Agency) e. ( ) County Court (Specify Court and County) f. ( ) Local Agency (Specify Agency)
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____ Title: _____
Agency: _____ Telephone: ( ) _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____

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

Signature and date is required:

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

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

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