

Title VI Notice to the Public



Compliance Requirements under New York State Department of Transportation Public Transportation Programs

Title VI Compliant Procedure

Any person who believes he/she has been aggrieved by an unlawful discriminatory practice under Title VI of the Civil Rights Act of 1964, relating to any program and/or activity administered by Total Senior Care based on color, race, religion, sex, age, handicap, political affiliation or national origin with regard to any federally-financed transportation project may file an official Title VI complaint with Total Senior Care's Quality Improvement Manager.

Members of the public seeking more information about the Title VI Compliance Program and the procedures to file a complaint should contact Roxanne Padlo, Executive Program Director, Total Senior Care, Inc. 519 North Union St, Olean, NY 14760. Phone 716-379-8474.

Compliant Process

A formal complaint must be filled within 45 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. To be accepted for investigation, the allegation must involve a covered basis such as race, religion, sex, age, handicap, or national origin, and it must involve a Total Senior Care transit-related program or activity that receives federal financial assistance.

Complainant must present a detailed description of the issues, including names and job titles of individuals perceived as parties to the action complained against, the date, time of day, and location of the alleged incident of discrimination, and contact information of any witnesses to the alleged incident.

The complainant should complete this process by documenting the above details on the Total Senior Care complaint form. The complaint form must be signed and then mailed or returned to Roberta Jusko-Gibble, Quality Improvement Manager, Total Senior Care, Inc. 519 North Union St, Olean, NY 14760.

PROCEDURE

1. Any participant or his/her representative may file a complaint with any PACE staff person at any time, either verbally (in person or by telephone) or in writing.
 - If the complaint is received verbally, the staff that receives the complaint will discuss the situation with the participant to obtain as much information as possible regarding the reason for dissatisfaction.
 - If the complaint is received via mail, it will be forwarded to the Quality Improvement Manager.
2. At the time the complaint is received, the staff will explain the process to the participant. The complaint is logged into a database for tracking and reporting purposes. This documentation includes (1) the date the complaint was received, (2) the name of the individual making the complaint and if not the participant, their relationship to the participant, (3) the nature and duration of the problem, and (4) date of resolution. All activities and research related to complaint resolution will be documented and kept in a complaint file.
3. All complaints are forwarded to the Quality Improvement Manager or designee, who will coordinate complaint investigations. (If the Quality Improvement Manager is involved in the situation that resulted in the complaint, the Executive Program Director will coordinate the investigation.) He/she will research the grievance with other staff and/or subcontractors, and work toward resolution. All grievance investigations will be completed within thirty days of receipt.
4. The participant is notified in writing of the result of the grievance investigation. The letter that the participant receives will include instructions for requesting that the Executive Program Director review the grievance, if the proposed resolution is not satisfactory to the participant.
5. If the participant requests that the Executive Program Director review the grievance, the Executive Program Director (or a designee) will review the grievance and its initial investigation. He/she may require additional investigation activities to resolve the grievance, if appropriate. At the conclusion of the Executive Program Director's review, the participant is notified in writing of the results of the reconsideration of the initial decision.

Investigative Process

The Quality Improvement Manager will notify the complainant, in writing, within ten (10) days of the receipt of the complaint.

Appeal Process

If the complainant wishes to appeal the final decision, he/she may contact the

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

or file a complaint online through the FTA's website

<https://www.transit.dot.gov/>

Limited English Proficiency (LEP) Plan

Total Senior Care shall take steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for LEP individuals. Total Senior Care will make every effort to provide translators and document translation upon request. If information is needed in another language, contact Roxanne Padlo, Executive Program Director, at 716-379-8474. In addition, LEP individuals can use GOOGLE translate to translate information posted on our website. www.totalseniorcare.org

Title VI COMPLAINT FORM

Name _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Basis of Complaint: (place checkmark)

- Race
- Color
- Sex
- National Origin
- Age
- Disability

Type of Complaint (place checkmark)

Program Service Benefit Activity

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

Name of Contact _____
Contact _____

How were you discriminated against?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name

Title

Work Phone

Home Phone

Have you filed your complaint with anyone else?

Who _____

When _____

Do you have an Attorney in this matter?

Name _____

Address _____ **City** _____ **Zip**

When did you acquire _____

Signed _____ **Date** _____

Mail to: **Total Senior Care**
Roxanne Padlo, Executive Program Director
519 North Union Street
Olean NY 14760