Notifying the Public of Rights Under Title VI

The Opportunity Center, Inc.

- The Opportunity Center operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with The Opportunity Center.
- For more information on The Opportunity Center's civil rights program, and the procedures to file a complaint, contact 407-847-6016; email scainosceolaarc@aol.com; or visit our administrative office at 310 North Clyde Avenue, Kissimmee, FL 34741. For more information, visit www.osceolaarc.org.
- If information is needed in another language, contact 407-847-6016

Notificando al Público Sobre Sus Derechos Civiles Bajo el Título VI

THE OPPORTUNITY CENTER, INC.

- The Opportunity Center, Inc. opera su programa y los servicios sin distinción de raza, color y origen nacional, de conformidad con el Título VI del Acta de Derechos Civiles. Cualquier persona que cree que él o ella ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI puede presentar una The Opportunity Center.

- Para obtener más información sobre el programa de derechos civiles The Opportunity Center's y los procedimientos para presentar una queja, contacte a Sherry Cain, Executive Director, The Opportunity Center, 310 North Clyde Avenue, Kissimmee, FL 34741.

- Preguntas o quejas relacionadas con el Título VI pueden ser enviadas por escrito a Sherry Cain, Executive Director, The Opportunity Center, Inc. 310 North Clyde Avenue, Kissimmee, FL 34741.

- Un demandante puede presentar una queja directamente con la Administración Federal de Tránsito mediante la presentación de una queja ante la Oficina de Derechos Civiles, Atención: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590.

- Si se necesita información en otro idioma, comuníquese con 407-847-6016.

1.0 Title VI Procedures and Compliance

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed aginst them and make their procedures for filing a complaint available to member of the public.

1.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by The Opportunity Center may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). The Opportunity Center investigates complaints received no more than 180 days after the alleged incident. The Opportunity Center will process complaints that are complete.

Once the complaint is received, The Opportunity Center will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

The Opportunity Center has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, The Opportunity Center may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, The Opportunity Center can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on The Opportunity Center's web site (www.osceolaarc.org).

The Opportunity Center, Inc.

Title VI Complaint Form

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):

[ ] Race [ ] Color [ ] National Origin [ ] Age

[ ] Disability [ ] Family or Religious Status [ ] Other (explain) _____

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 use the back of this form.

_____

_____

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 yes, check all that apply: [ ] Federal Agency: _____ [ ] Federal Court _____ [ ] State Agency _____ [ ] State Court _____ [ ] 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:

Ms. Sherry Cain, Title VI Liaison
The Opportunity Center
310 North Clyde Avenue
Kissimmee, FL 34741

Antes de completar este formulario, por favor lea The Opportunity Center, Inc. VI Complaint Procedures en nuestra página informática en www.golynx.com o visite nuestra oficina. La siguiente información es necesaria y requerida para ayudar a procesar su queja. Si necesita ayuda para completar este formulario, por favor contáctenos al 407-847-6016 is quejas deben ser recibidas dentro de 180 días de la fecha que la presunta discriminación ocurrió.

Sección I:
Nombre:
Dirección:
Teléfono (Casa): Teléfono (Trabajo):
Correo Electrónico:
¿Requiere formato accesible? Letra Grande Cinta Audio
TDD Otro

Sección II:
¿Está presentando esta queja para usted? Sí* No
*Si contesto "si" a esta pregunta, sigua a la Sección III.
Si no, por favor suministre el nombre y la relación de la persona a quien usted le esta completando esta queja:
Explique por qué esta siendo representado por otra persona:

Por favor confirme que ha obtenido el permiso del reclamante de esta queja. Sí No

Sección III:
Creo que la discriminación que he experimentado se basaba en (marque todas las casillas que apliquen):
[ ] Raza [ ] Color [ ] Origen Nacional
Fecha de la Supuesta Discriminación (Mes, Día, Año):
Explique detalladamente lo que pasó y por qué usted cree que fue discriminado(a). Describa a todas las personas involucradas. Incluya el nombre y datos de contacto sobre la persona que discriminó (si lo conoce) así como nombres y datos de contacto de testigos. Por favor incluya cualquier otra información que podría ayudarnos en nuestra investigación de esta queja. Por favor suministre cualquier documentación relevante a esta queja.

Sección IV
¿Ha presentado esta queja con cualquier otra agencia Federal, estatal, local, o con cualquier Tribunal Federal o estatal?
[ ] Sí [ ] No
En caso afirmativo, marque todos los que se aplican.
[ ] Agencia Federal
[ ] Corte Federal [ ] Agencia Estatal
[ ] Corte Estatal [ ] Agencia Local

Sírvanse proporcionar información sobre la persona de contacto en la Agencia/corte donde se presentó la queja.
Nombre:
Título:
Agencia:
Dirección:
Teléfono:

Sección VI
Nombre de la agencia la cual esta denunciando esta queja:
Nombre:
Titulo:
Teléfono:

Usted puede incluir cualquier material escrito u otra información que sea pertinente a su queja.
Firma y fecha requerida abajo.

Firma Fecha

Por favor, entregue este formulario en persona a la dirección indicada abajo, o envíe por correo este formulario a:

The Opportunity Center, Inc.
Osceola ARC
310 North Clyde Avenue
Kissimmee, FL 34741