**Arc Imperial Valley Title VI Notice to the Public**

Notifying the Public of Rights under Title VI:

• Arc Imperial Valley is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin in accordance with Title VI of the Civil Rights Act of 1964.

• Arc-IV provides services and operates programs without regard to race, color and national origin in full compliance with Title VI.

• Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI while attending or riding Arc’s ADA compliant Paratransit Services may file a complaint with Arc-IV. All complaints will be fairly and objectively investigated.

• To file a complaint, you may contact our Title VI Program Administrator, Ramon Aguirre, at (760) 352-0180 EXT: 122; or by email: ramon@arciv.org; or visit Arc’s offices at 298 E. Ross Ave., El Centro, CA 92243.

• For more information about Arc’s Title VI program and complaint procedure, contact (760) 352-0180; or visit Arc’s website: [www.arciv.org](http://www.arciv.org)

• A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey., S.E., Washington, D.C. 20590

***ARC IMPERIAL VALLEY, AVISO AL PUBLICO SOBRE EL TITULO VI***

*Aviso al público de los derechos bajo el Titulo VI:*

*• Arc Imperial Valley se compromete a garantizar que ninguna persona quede excluida de nuestros servicios y programas por motivos de raza, color, origen o nacionalidad de conformidad con el Título VI de la Ley de Derechos Civiles de 1964.*

*• Arc Imperial Valley proporciona servicios y operara programas sin distinción de raza, color, origen o nacionalidad en total conformidad con el Título VI.*

*• Cualquier persona que crea que ha sido discriminada ilegalmente bajo el Título VI al participar en los programas, recibir servicios o al utilizar transporte de Arc Imperial Valley puede presentar una queja. Todas las quejas serán sometidas a una investigación justa y objetiva.*

*• Para presentar una queja, comuníquese con el administrador del programa del Título VI, Ramon Aguirre, al (760) 352-0180 ext. 122; correo electrónico: ramon@arciv.org; o visite las oficinas de Arc Imperial Valley en el 298 E. Ross Ave, El Centro, CA. 92243.*

*• Para obtener más información sobre el procedimiento de quejas bajo el Título VI puede llamar al (760) 352-0180; o visitar la página:* [*www.arciv.org*](http://www.arciv.org)

*• Un demandante puede presentar una queja directamente a Federal Transit Administration con el coordinador del Título VI, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey., S.E., Washington, D.C. 20590*

**Arc Imperial Valley Complaint Form**

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| **Arc Imperial Valley Title VI Complaint Form** | | | | | | | | | | |  | |  |
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| **Section I: *Please write legibly*** | | |  |  | | |  | | | | |  |  |
| 1. Name: | |  |  |  | | |  | | | | |  |  |
| 2. Address: | |  |  |  | | |  | | | | |  |  |
| 3. Telephone: | |  | 3.a. Secondary Phone *(Optional)*: | | | |  | | | | |  |  |
| 4. Email Address: | |  |  |  | | |  | | | | |  |  |
| **Section II:** | |  |  |  | | |  | | | | |  |  |
| 5. Are your filing this complaint on your own behalf? | | | | YES\* | | | NO | | | | |  |  |
| \*If you answered "yes" to #5, go to Section III. | | | |  | | |  | | | | |  |  |
| 6. If you answered "no" to #5, what is the name of the person for whom you are filing the complaint? Name: | | | | | | | | | | | |  |  |
| 7. What is your relationship with this individual: | | | |  | | |  | | | | |  |  |
| 8. Please explain why you have filed for a third party: | | | |  | | |  | | | | |  |  |
| 9. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. | | | | YES | | | NO | | | | |  |  |
| **Section III:** | |  |  |  | | |  | | | | |  |  |
| 10. I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National Origin | | | | | | | | | | | |  |  |
| 11. Date of alleged discrimination: *(mm/dd/yyyy)* | | | |  | | |  | | | | |  |  |
| 12. 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. | | | | | | | | | | | |  |  |
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| **Arc Imperial Valley Title VI Complaint Form** | | | | | | | | | | |  | |  |
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| **Section IV:** | |  |  |  | | |  | | | | |  |  |
| 13. Have you previously filed a Title VI complaint with Arc? | | | | YES | | | NO | | | | |  |  |
| **Section V:** | |  |  |  | | |  | | | | |  |  |
| 14. Have you ever 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Federal Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Local Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] State Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  |  |
| 15. If you answered "yes" to #14, provide information about a contact person at the agency/ court where the complaint was filed. | | | | | | | | | | | |  |  |
| Name: | |  |  |  | | |  | | | | |  |  |
| Title: | |  |  |  | | |  | | | | |  |  |
| Agency: | |  |  |  | | |  | | | | |  |  |
| Address: | |  |  |  | | |  | | | | |  |  |
| Telephone: | |  |  |  | | |  | | | | |  |  |
| **Section VI:** | |  |  |  | | |  | | | | |  |  |
| Name of who complaint is against: | | |  |  | | |  | | | | |  |  |
| Contact Person: | |  |  |  | | |  | | | | |  |  |
| Telephone: | |  |  |  | | |  | | | | |  |  |
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| You may attach any written materials or other information that you think is relevant to your complaint. | | | | | | | | | | |  | |  |
| Signature and date are required below to complete form: | | | |  | | |  | | | |  | |  |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | |  |
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| Please submit this form in person or mail this form to the address below: | | | | | | |  | | | |  | |  |
| ARC Title VI Program Administrator | | |  |  | | |  | | | |  | |  |
| P.O Box 1828 | | |  |  | | |  | | | |  | |  |
| El Centro, CA 92244 | | |  |  | | |  | | | |  | |  |
| ***Arc Titulo VI Formulario de Queja*** | | | | | | | | | | | | |  |  |
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| ***Sección I: Favor de Escribir Legible*** | | | | |  | | |  | |  | | | |
| *1. Nombre:* |  | | | |  | | |  | |  | | | |
| *2. Dirección:* |  | | | |  | | |  | |  | | | |
| *3.Teléfono:* |  | | | | *3.a. Teléfono Secundario (Opcional):* | | | | | | | | |
| *4. Correo Electrónico:* |  | | | |  | | |  | |  | | | |
| ***Sección II:*** |  | | | |  | | |  | |  | | | |
| *5. Está llenando esta queja a nombre propio?* | | | | |  | | | *SI\** | | *NO* | | | |
| *\*Si su respuesta es "SI" en el #5, vaya a la sección III.* | | | | | | | |  | |  | | | |
| *6. Si su respuesta es "NO" en el #5, cual es el nombre de la persona por quien está completando este formulario Nombre:* | | | | | | | | | | | | | |
| *7. Cuál es su relación con este individuo:* | | | | |  | | |  | |  | | | |
| *8. Favor de explicar la razón para aplicar por un tercero:* | | | | | |  | | |  | | | | |
| *9.Favor de confirmar que ha obtenido permiso del agredido para presentar en su nombre:* | | | | | | | | *SI* | | *NO* | | | |
| ***Sección III:*** |  | | | |  | | |  | |  | | | |
| *10. Yo creo que la discriminación que he experimentado se basa en (Marcar todo lo que aplica): [ ] Raza [ ] Color [ ] Origen de Nacionalidad* | | | | | | | | | | | | | |
| *11. Fecha de la supuesta discriminación: (Mes/Día/Año)* | | | | | | | |  | |  | | | |
| *12. Explique lo más claro posible lo que pasó y porque cree usted que fue discriminado. Describa las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de las personas quienes discriminaron en su contra (si usted lo sabe), también nombres y contactos de testigos. Si necesita más espacio, por favor use la parte de atrás de este formulario.* | | | | | | | | | | | | | |
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| ***Arc Titulo VI Formulario de Queja*** | | | | | | | | | | | | |  |  |
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| ***Sección IV:*** |  | | | |  | | |  | |  | | | |
| *13. Usted ha llenado antes un formulario de queja Titulo VI con Arc?* | | | | | | | | *SI* | | *NO* | | | |
| ***Sección V:*** |  | | | |  | | |  | |  | | | |
| *14. Alguna vez ha llenado un formulario de queja con otra agencia Federal, Estatal, o local, o con cualquier corte Federal o Estatal? [ ] SI\* [ ] NO \*Si es SI, marque todas las que apliquen: [ ] Agencia Federal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Agencia Estatal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Corte Federal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Corte Local\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Corte Estatal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | |
| *15. Si su respuesta fue "SI" al #14, favor de proporcionar información de contacto de la persona en la agencia/corte donde presentó la queja.* | | | | | | | | | | | | | |
| *Nombre:* |  | | | |  | | |  | |  | | | |
| *Titulo:* |  | | | |  | | |  | |  | | | |
| *Agencia:* |  | | | |  | | |  | |  | | | |
| *Dirección:* |  | | | |  | | |  | |  | | | |
| *Teléfono:* |  | | | |  | | |  | |  | | | |
| ***Sección VI:*** |  | | | |  | | |  | |  | | | |
| *Nombre de la persona contra quien es la queja:* | | | | |  | | |  | |  | | | |
| *Persona de Contacto:* |  | | | |  | | |  | |  | | | |
| *Teléfono:* |  | | | |  | | |  | |  | | | |
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| *Usted puede anexar materiales o cualquier otra información que usted considere pertinente a esta su queja.* | | | | | | | | | | | | |  |  |
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| *Se requiere firma y fecha para completar este formulario:* | | | | | | | |  | |  | | |  |  |
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| *Firma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | |  |  |
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| *Favor de presentar este formulario de queja en persona o mandarla por correo a esta dirección:* | | | | | | | | | |  | | |  |  |
| *Arc Title VI Program Administrator*  *P.O Box 1828*  *El Centro, Ca 92244* | | | | |  | | |  | |  | | |  |  |
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