

Title VI Notice to the Public

STAR, Inc.'s Notice to the Public is as follows:

Notifying the Public of Rights Under Title VI

STAR, Inc.

- STAR, Inc. 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 STAR, Inc.
- For more information on STAR, Inc.'s civil rights program, the procedures to file a complaint, or to file a complaint, please contact Kelly Hunter, CEO at (740) 776-8250; email khunter@sciotostar.org ; or visit our administrative office at 2625 Gallia Street, Portsmouth, OH 45662. For more information, visit www.SciotoStar.org
- For transportation-related Title VI matters, a complaint may also be filed directly with the:

Ohio Department of Transportation, Attn: Office of Equal Opportunity, 1980 West Broad Street, Mailstop 3270, Columbus, OH 43223; or

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

- If information is needed in another language, contact Chad Phipps, SSA Director at Scioto County Board of Developmental Disability (740) 353-4677.
- Si necesita información en otro idioma, comuníquese con Chad Phipps, Director de la SSA en la Junta de Discapacidades del Desarrollo del Condado de Scioto (740) 353-4677.

Title VI Complaint Procedure

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by STAR, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with STAR, Inc. no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, STAR, Inc. will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the Ohio Department of Transportation within fifteen (15) calendar days of receipt. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

STAR, Inc. has 45 days to investigate the complaint. If more information is needed to resolve the case, STAR, Inc. may contact the complainant requesting further information. The complainant has 15 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 15 business days, STAR, Inc. can administratively close the case.

After the investigator reviews the complaint, she/he will issue one of two (2) 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 letter of finding (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 15 days after the date of the closure letter or the letter of finding to do so. The appeal process information will be included in the letter.

A person may also file a complaint directly with the: Ohio Department of Transportation, Attn: Office of Equal Opportunity, 1980 West Broad Street, Mailstop 3270, Columbus, OH 43223; or Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, then contact (740) 355-4677.

STAR, Inc.'s Title VI Complaint Form:

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Email Address:			
Accessible Requirements?	Format	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 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?			
<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

If information is needed in another language, contact Chad Phipps, SSA Director at Scioto County Board of Developmental Disability (740) 353-4677.

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

STAR, Inc.
 2625 Gallia Street
 Portsmouth, OH 45662