



## Hancock County Senior Services

647 Gas Valley Road, New Cumberland, WV 26047

Phone: 304-564-3801 Fax: 304-387-2693

[www.hancocksrsvs.org](http://www.hancocksrsvs.org)

# Title VI Program

## Hancock County Senior Services

Adopted Date

5/20/2019





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### HCSS AMERICANS WITH DISABILITIES POLICY

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA), The Committee for Hancock County Senior Citizens, Inc. will not discriminate against individuals with disabilities on the basis of disability in its services, programs or activities.

**Employment:** The Committee for Hancock County Senior Citizens, Inc. does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

**Effective Communication:** The Committee for Hancock County Senior Citizens, Inc. will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in The Committee for Hancock County Senior Citizens, Inc. programs, services and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modification to Policies and Procedures:** The Committee for Hancock County Senior Citizens, Inc. will make all reasonable modifications to policies and programs to insure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in The Committee for Hancock County Senior Citizens, Inc. offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of The Committee for Hancock County Senior Citizens, Inc. should contact the of Jerry Fields at 304-564-3801 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require The Committee for Hancock County Senior Citizens, Inc. to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of The Committee for Hancock County Senior Citizens, Inc. is not accessible to persons with disabilities should be directed to Beth Wolanski, 647 Gas Valley Road, New Cumberland, WV 26047.

The Committee for Hancock County Senior Citizens, Inc. will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

# HANCOCK COUNTY SENIOR SERVICES

## TITLE VI PROCEDURES

Title VI of the 1964 Civil Rights Act requires that *“No person in the United States shall, on the grounds 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.”*

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by Hancock County Senior Services may file a complaint by completing and submitting Hancock County Senior Service’s Title VI Complaint form.

### **How do you file a complaint?**

You may download the Hancock County Senior Service Title VI Complaint Form at [www.hancocksrsvs.org](http://www.hancocksrsvs.org), or request a copy by writing to: Hancock County Senior Services, 647 Gas Valley Road, New Cumberland WV, 26047 or phoning 304-564-3801 or 304-387-3251.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (see question 1 of the complaint form)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (see questions 7, 8, 9, and 10 of the complaint form)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (see question 11 of the complaint form)

Please submit your complaint form to the address listed below:

Beth Wolanski, Director  
Hancock County Senior Services  
647 Gas Valley Road  
New Cumberland, WV 26047

### **How will your complaint be handled?**

Hancock County Senior Services investigates complaints received no more than 180 days after the alleged incident. Hancock County Senior Services will process complaints that are complete. Once a completed complaint is received, Hancock County Senior Services will review it to determine if Hancock County Senior Services has jurisdiction. The complaint will receive an acknowledgement letter informing him/her whether the complaint will be investigated by Hancock County senior Services.

Hancock County senior Services will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Hancock County senior Services may contact the complainant. Unless a longer period is specified by Hancock County Senior Services, the complainant will have ten (10) days from the date of the letter to send requested information to the Hancock County Senior Services investigator assigned to the case.

If Hancock County Senior Services investigator is not contacted by the complainant or does not receive the additional information within the required timeline, Hancock County Senior Services may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, Hancock County senior Services will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with Hancock County Senior Services determination, he/she may request reconsideration by submitting a request in writing to Hancock County Senior Services director within seven (7) days after the date of Hancock County senior Services letter, stating with specificity the basis for the reconsideration. The director will notify the complainant of his/her decision either to accept or reject the request for consideration within ten (10) days. In cases where reconsideration is granted, the director will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complainant directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact Hancock County Senior Services at 304-564-3801 or 304-387-3251.



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### Americans with Disabilities

### Complaints

### Reasonable Modification Requests

Hancock County Senior Services does not discriminate against an individual with a disability in connection with the operation of its programs and services including the provision of transportation services in accordance with the Americans with Disabilities Act of 1990 (ACA). To find out more about our ADA Policies, to file a complaint, to request a reasonable modification, or to request this information in another language, please contact us at:

Beth Wolanski  
Director, Hancock County Senior Services  
647 Gas Valley Road  
New Cumberland, WV 26047





# HANCOCK COUNTY SENIOR SERVICES TITLE VI COMPLAINT FORM

"No person in the United States shall, on the grounds 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:

Beth Wolanski, Director

Hancock County Senior Services

647 Gas Valley Road, New Cumberland WV 26047

[bwolanski@hancocksrsvs.org](mailto:bwolanski@hancocksrsvs.org)

FAX 304-387-2693

## PLEASE PRINT

<b>1. Complainant's Name:</b>			
a. Address:			
b. City:	State:	Zip Code:	
c. Telephone (Home or Cell) Please include area code ( )		Telephone Number (Work) ( )	
d. E-Mail address: Do you prefer to be contacted via this e-mail address? ____ Yes ____ No			
<b>2. Accessible Format of Form Needed?</b>	Large Print	Audio Tape	TDD
Other (please specify):			
<b>3. Are you filing this complaint on your own behalf?</b> ____ Yes <b>If YES, please go to Question 7</b> ____ No <b>If NO, please go to question 4</b>			
<b>4. If you answered NO to question 3 above, please provide your name and address.</b>			
a. Name of Person Filing Complaint:			
b. Address:			
b. City:	State:	Zip Code:	
c. Telephone (Home or Cell) Please include area code ( )		Telephone Number (Work) ( )	
d. E-Mail address: Do you prefer to be contacted via this e-mail address? ____ Yes ____ No			
<b>5. What is your relationship to the person for whom you are filing the complaint?</b>			
<b>6. Please confirm that you have obtained the permission of the aggrieved party if you are on behalf of a third party.</b> ____ Yes, I have permission ____ No, I do not have permission			
<b>7. I believe that the discrimination I experienced was based on (check all that apply):</b> ____ Race ____ Color ____ National Origin (Classes protected by Title VI) ____ Other (please specify):			
<b>8. Date of Alleged Discrimination (Month, Day, Year):</b>			
<b>9. Where did the Alleged Discrimination take place?</b>			

**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).  
*Use separate pages if additional space is required.*

**11. Please list any and all witnesses' names and phone numbers/contact information.**  
*Use separate pages if additional space is needed.*

**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. 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



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### **Hancock County Senior Services**

### **Complaint Procedure under The Americans with Disabilities Act**

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by Hancock County Senior Services. Hancock County Senior Services Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Beth Wolanski

Director

647 Gas Valley Road, New Cumberland WV 26047

Within 15 calendar days after receipt of the complaint, Beth Wolanski or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Beth Wolanski or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of Hancock County Senior Services and offer options for substantive resolution of the complaint.

If the response by Beth Wolanski or their designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Board of Directors or their designee.

Within 15 calendar days after receipt of the appeal, The Board of Directors or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, The Board of Directors or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Beth Wolanski or their designee, appeals to the Board of Directors or their designee, and responses from these two offices will be retained by Hancock County Senior Services for at least three years.