

### Notifying the Public of Rights Under Title VI

Coastal Bend Center for Independent Living 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 Coastal Bend Center for Independent Living.

For more information on the Coastal Bend Center for Independent Living's civil rights program, the procedures to file a complaint, or to file a complaint contact 361-883-8461, (individuals who are deaf may call through the Relay Provider of their choice); email [judyt@cbcil.org](mailto:judyt@cbcil.org); or contact CBCIL's main office at 1537 Seventh Street, Corpus Christi, Texas 78411. For more information, visit [www.cbkil.org](http://www.cbkil.org).

A complaint may also be filed directly with the:

Texas Department of Transportation, Attn: TxDOT-PTN,  
125 E. 11<sup>th</sup> Street, Austin, TX 78701-2483, or

Federal Transit Administration, Office of Civil Rights, Attention:  
Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200  
New Jersey Ave., SE Washington, DC, 20590.

- ✓ If information is needed in another language, (361) 883-8461 or (877) 988-1999.

## Title VI Complaint Procedure

The **Coastal Bend Center for Independent Living's** Title VI Complaint Procedure is made available in the following locations: *(check all that apply)*

- Agency website: [www.cbCIL.org](http://www.cbCIL.org)
  - Public office
  - Reception areas
  - Meeting rooms
  - Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
  - Other, \_\_\_\_\_
- 

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the **Coastal Bend Center for Independent Living (CBCIL)** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Complaint forms can be found at: [www.cbCIL.org](http://www.cbCIL.org), or requested at: 1537 Seventh Street Corpus Christi TX 78411.

**Coastal Bend Center for Independent Living** investigates complaints received no more than 180 days after the alleged incident. **CBCIL** will process complaints that are complete.

Once the complaint is received, **Coastal Bend Center for Independent Living** will review it to determine if our office has jurisdiction. (A copy of each Title VI complaint received will be forwarded to TxDOT Public Transportation Coordinator within ten (10) calendar days of receipt.) The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

**Coastal Bend Center for Independent Living** has ten (10) days to investigate the complaint. If more information is needed to resolve the case, **CBCIL** 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 five (5) business days, **Coastal Bend Center for Independent Living** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their 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 thirty (30) days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the: Texas Department of Transportation, Attn: TxDOT-PTN, 125 E. 11th Street, Austin, TX 78701-2483, or Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, (361) 883-8461 or (877) 988-1999.

# Title VI Complaint Form

The Coastal Bend Center for Independent Living's Title VI Complaint Procedure is made available in the following locations: *(check all that apply)*

- Agency website
- Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- Other, \_\_\_\_\_

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Email Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
<b>Section II:</b>			
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
<b>Section III:</b>			
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. _____ _____			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with this agency?		Yes	No
<b>Section V</b>			
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.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VI</b>	
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:

Coastal Bend Center for Independent Living  
 1537 Seventh Street  
 Corpus Christi, TX 78411

If information is needed in another language, then contact (361) 883-8461 or (877) 988-1999.