### **TITLE VI Notice to the Public**

Coastal Bend Center for Independent Living's Notice to the Public is as follows:

## 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 <a href="mailto:caitlinm@cbcil.org">caitlinm@cbcil.org</a>; or contact CBCIL's main office at 3833 S. Staples Street STE N110, Corpus Christi, TX 78411For more information, visit <a href="mailto:www.cbcil.org">www.cbcil.org</a>.

A complaint may also be filed directly with the:

Corpus Christi Regional Transportation Authority, 5658 Bear Lane, Corpus Christi, TX 78405, or email jserna@ccrta.org

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, contact (361) 883-8461 or (877) 988-1999. Si necesita información en Español, por favor llame (361) 883-8461 o (877) 988-1999.

The Coastal Bend Center for Independent Living's Notice to the Public is posted in the following locations: (*check all that apply*)

X Agency website: www.cbcil.org
X Public office
X Reception areas
Meeting rooms
Inside vehicles
Rider Guides/Schedules
Transit shelters and stations
Other,

# **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*)

X	Agency website: www.cbcil.org
X	Public office
X	Reception areas
	Meeting rooms
X	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, or requested at: 3833 S. Staples Street STE N110, 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 or CCRTA 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 <u>closure letter</u> summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A <u>letter of finding (LOF)</u> 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: Corpus Christi Regional Transportation Authority, 5658 Bear Lane, Corpus Christi, TX 78405 or email jserna@ccrta.org

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, then contact (361) 883-8461 or (877) 988-1999.

Si necesita información en Español, por favor llame (361) 883-8461 o (877) 988-1999.

# **Title VI Complaint Form**

x Hard copy in the central office

x Agency website

□ Other, \_\_\_\_\_

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

x Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Section I:				
Name:				
Address:				
Telephone (Home): Telephone			Vork):	
Email Address:				
Accessible Format Requirements?	Large Print	A	Audio Tape	
	TDD	C	Other	
Section II:				
Are you filing this complaint on you	ır own behalf?		Yes*	No
*If you answered "yes" to this quest	tion, go to Section III.		•	
If not, please supply the name and complaining:	d relationship of the person for	whom you are		
Please explain why you have filed f	or a third party:			
Please confirm that you have obtain are filing on behalf of a third party.	ned the permission of the aggriev	ed party if you	Yes	No
Section III:				
I believe the discrimination I experi	enced was based on (check all tha	nt apply):		
[] Race [] Co	] Race [ ] Color [ ] National Origin			
Date of Alleged Discrimination (Mo	onth, Day, Year):			
Explain as clearly as possible what involved. Include the name and cor and contact information of any witn	ntact information of the person(s)	who discrimina	ted against you (if k	
Section IV				
Have you previously filed a Title V	I complaint with this agency?		Yes	No

Section V					
Have you filed this complaint with any other Fe	ederal, State, or loc	al agency, or with an	ny Federal or State	e 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 personal perso	on at the agency/co	ourt where the compl	laint 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 o	other informatio	on that you think	is relevant to y	your complai	nt.
Signature			Date		
Please submit this form in person at the ac	ddress below, o	r mail this form	to:		
Coastal Bend Center for Independent Livi ATTN: Caitlin Mende383 Corpus Christi, TX 78411		Staples	Street	STE	N110
If information is needed in another lan Si necesita información en Español, po					

List of Transit Related Title VI Investigations, Complaints and Lawsuits

**Coastal Bend Center for Independent Living** maintains a list or log of all Title VI investigations, complaints and lawsuits, pertaining to its transit-related activities.

**Check One:** 

# There have been <u>no</u> investigations, complaints and/or lawsuits filed against us since the last plan submission. There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
Lawsuits				
1.				
Complaints				
1.				