**St. Martin Council on Aging, Inc.: Title VI / ADA Complaint Procedure**

The St. Martin Council on Aging’s Title VI / ADA Complaint Procedure is made available in the following locations:

Complaints may addressed to the Executive Director Shanese L. Lewis

**Agency website, if available:** [**www.stmartincouncilonaginginc.com**](http://www.stmartincouncilonaginginc.com)

**Hard copy in the central office**

**Agency Title VI Plan**

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin or disability by the St. Martin Council on Aging, Inc.may file a Title VI/ ADA complaint by completing and submitting the agency’s Title VI/ ADA Complaint Form. File initial complaint with

the Executive Director at the St. Martin Council on Aging ,Inc.

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 the St. Martin Council on Aging, 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, the St. Martin Council on Aging, Inc.will review it to determine if our office has jurisdiction. (A copy of each Title VI complaint received will be forwarded to the Louisiana Department of Transportation and Development 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.

The St. Martin Council on Aging, Inc.has 45 days to investigate the complaint. If more information is needed to resolve the case, the St. Martin Council on Aging, Inc.may contact the complainant.

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 180 days after the date of the letter or the letter of finding to do so. A person may also file a complaint directly with the: Louisiana Department of Transportation, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804.

LADOTD will analyze the facts of the case and will issue its conclusion to the appellant within 60 days of the receipt of the appeal.

If information is needed in another language, then contact 337-332-3063

Procedimiento de Queja Titulo VI *I* ADA

El fonnulario de queja del Titulo VI *I* ADA del St. Martin Council on Aging, Inc. esta disponible en las siguientes ubicaciones:

* Pagina web de Ia agencia
* Copia impresa localizada en Ia oficina central

Cualquier individo, grupo de individuos o entidad que crea que ha sido objeto de discriminacion por motivos de raza, color, nacionalidad o discapacidad por el St. Martin Council on Aging, Inc. puede presentar una queja del Titulo VI *I* ADA al completar y enviar el fonnulario de queja del Titulo VI *I* ADA correspondiente a Ia agencia. Este decumento debeni de ser enviado a Ia direccion indicada en el fonnulario de queja. Presente la queja inicial con el Excutive Director Shanese L. Lewis en the St. Martin Council on Aging, Inc.

Cualquier individuo que haya presentado una queja o participle en Ia investigacion de alguna queja no debera ser sujeto a ninguna fonna de intimidacion o represalias. Aquel individuo que considere que ha sido sujeto de intimidacion o de represalias puede llenar un formulario de queja para represalias siguiendo el mismo procedimiento que para una queja de descriminacion.

Esta queja debera ser presentada a traves de Ia Oficina de Programas de Cumplimiento del St. Martin Council on Aging, Inc. en un periodo de no mas de 180 dias despues de lo siguiente:

1. La fecha del presunto acto de discriminacion; o
2. La fecha en Ia que Ia persona (s) se percataron del presunto acto de discriminacion; o
3. Cuando se ha detectado que el acto de discriminacion se ha convertido en una conducta repetitiva. En estos casos se incluira Ia fecha del ultimo acontecimiento.

Una vez que se reciba Ia queja, el *I* Ia Coordinador del Titulo VI *I* ADA del St. Martin Council on Aging, Inc. lo revisara para detenninar si nuestra oficina tiene jurisdiccion. El demandantete recibira una carta de notificacion en Ia cual se le hara saber si Ia queja sera investigada por nuestra oficina.

ElI La coordinador del Titulo VI *I* ADA del St. Martin Council on Aging, Inc. tendra 45 dias para investigar Ia queja. Si se necesita mas infonnacion para resolver el caso, el (Ia) Coordinador (a) del Titulo VI *I* ADA puedria contactar al demandante.

Despues de que elI Ia Coordinador del Titulo VI *I* ADA revise Ia queja, emitira una de dos (2) cartas al demandante: una carta de cierre o una carta de hallazgo.

* Una carta de cierre resumiendo las alegaciones del caso en Ia cual indicara que no hubo una violacion

del Titulo VI *I* ADA y por tal motivo el caso sera cerrado.

* Una carta de hallazgo resumiendo las alegaciones y las entrevistas sobre el supuesto incidente en esta misma carta se le explicara al demandante si se llevara a cabo alguna accion disciplinaria, entrenamiento adicional al personal o se tomara alguna otra accion necesaria.

Si el demandante desea apelar Ia decision, el tendra 180 dias despues de la fecha marcada en la carta de cierre ode la carta de hallazgo para hacerlo. Ell La Coordinador, Cynthia Douglas (225)379-1923, del Titulo VI *I* ADA analizara los hechos del caso y emitira su conclusion al apelante en un periodo de 60 dias despues de haber recibido Ia apelacion.

**St. Martin Council on Aging, Inc.: Title VI / ADA Complaint Form**

The St. Martin Council on Aging, Inc. Title VI / ADA Complaint Procedure is made available in the following locations:

**Agency website, if available:** [**www.stmartincouncilonaginginc.com**](http://www.stmartincouncilonaginginc.com)

Hard copy in the central office

Agency Title VI Plan

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone (Home):** | | | | **Telephone (Work):** | | | | | | | |
| Email Address: | | | | | | | | | | | |
| Accessible Format Requirements? | 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):  [ ] Race [ ] Color [ ] National Origin [ ] Disability  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?  [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal Agency:  [ ] Federal Court [ ] State Agency  [ ] State Court [ ] 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 337-332-3063.

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

St. Martin Council on Aging, Inc.

Shanese L. Lewis, Executive Director

391 Cannery Road

Breaux Bridge, LA 70517

|  |  |
| --- | --- |
| **Formato de Reclamo del Título VI o ADA del St. Martin Council on Aging, Inc.**  **Sección I:** | |
| Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Teléfono (Casa/Celular): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teléfono (Trabajo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sección II:** | |
| ¿Está usted presentando esta queja en su propio nombre: **Sí  No ** | |
| \* Si usted contestó "sí" a esta pregunta, pase a la Sección III. | |
| Si su respuesta es "no", por favor escribe el nombre y la relación de la persona que está presentando la queja en contra: | **Nombre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relación:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| Si usted está presentando una queja de parte de otra persona, por favor, explica porqué en el  siguiente espacio: | |
| ¿Se ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un  tercero: **Sí**  **No**  | |
| **Sección III:** | |
| Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):   **Raza**   **Color**   **Origen Nacional** **Discapacidad** | |
| Fecha de la discriminación alegada (Mes, Día, Año): | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explique, lo más claramente posible, lo que sucedió y porqué usted cree que fue discriminado.  Describe todas las personas quien estuvieron involucradas. Incluye el nombre y la información  de contacto de la persona (s) que discriminó (si se conoce), así como los nombres e información  de contacto de cualquier testigo. Si necesita más espacio, adjunte hojas adicionales a este formulario: | |
| **Sección IV** | |
| Ha previamente presentado una queja del Título VI con el St. Martin Council on Aging, Inc.? **Sí**  **No**  | |
| **Sección V** | |
| ¿Ha presentado esta queja con cualquier otro federal, estatal o local, o ante cualquier tribunal  federal o estatal? **Sí**  **No**   En caso afirmativo, marque el nombre de todas las que correspondan:   Agencia Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Tribunal Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Agencia Estatal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Tribunal Estatal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Agencia local :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| |  | | --- | | Sírvanse proporcionar información acerca de una persona de contacto en la corte / entidad donde se presentó la queja.  Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Título: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Sección VI** | | Nombre de la agencia/companía de queja es contra: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Persona de contacto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Título: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Por favor, envíe este formulario en persona en la dirección indicada más abajo:  St. Martin Council on Aging, Inc.  Shanese L. Lewis, Executive Director  391 Cannery Road, Breaux Bridge, LA 70517 | | |