

NOTICE TO THE PUBLIC

DEPARTMENT OF TRANSPORTATION TITLE VI ASSURANCE

United Cerebral Palsy Association Inc. of Stanislaus County, dba UCP Stanislaus

UCP Stanislaus is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with UCP Stanislaus.

* UCP Stanislaus provides services and operates programs without regard to race, color, or national origin in full compliance with Title VI.

* For more information on UCP Stanislaus' civil rights program and the procedures for filing a complaint, contact (209) 577-2122, or visit our administrative office at 4265 Spyrès Way, Suite 2, Modesto, CA 95356. Additional information can be obtained at www.ucpstan.org.

* If information is needed in another language, contact (209) 577-2122.

Notificar al público de los derechos bajo el título VI

United Cerebral Palsy Association Inc, of Stanislaus County

- UCP Stanislaus opera sus programas y servicios sin respecto a raza, color y origen nacional con arreglo al título VI de la Civil Ley de derechos. Cualquier persona que cree que él o ella ha sido agraviado por cualquier práctica discriminatoria ilegal bajo el título VI puede presentar una queja con UCP Stanislaus
- Para obtener más información sobre el programa derechos civiles capaz de industrias y el procedimientos para presentar una queja, llame al (559) 651-8150, o visite nuestra oficina administrativa en 4265 Spyres Way #2, Modesto, CA 95356.. Para más información información, visite www.ucpstan.org.
- Un demandante puede presentar una queja directamente con el Federal Transit Administration por archivar una queja con la Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- Si se necesita información en otro idioma, contacte al (209) 577-2122.

UCP Stanislaus – Title VI Program

List of Locations Where Title VI Notice is Posted

UCP Stanislaus' Title VI notice to the public is currently posted at the following locations:

Location Name	Address	City
UCP Stanislaus – Main	4265 Spyres Way #2	Modesto 95356
Central Connections – Turlock	959 E Monte Vista	Turlock 95382
Warehouse	503 Bangs Ave	Modesto 95356
Bus 1	503 Bangs Ave	Modesto 95356
Bus 2	503 Bangs Ave	Modesto 95356
Bus 3	503 Bangs Ave	Modesto 95356
Bus 4	503 Bangs Ave	Modesto 95356
Bus 5	503 Bangs Ave	Modesto 95356
Bus 6	959 E Monte Vista	Turlock 95382
Bus 7	959 E Monte Vista	Turlock 95382

Title VI Complaint Procedures

As a recipient of federal dollars, UCP Stanislaus is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. UCP Stanislaus has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by UCP Stanislaus may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. UCP Stanislaus investigates complaints received no more than 180 days after the alleged incident. UCP Stanislaus will only process complaints that are complete.

Within 10 business days of receiving the complaint, UCP Stanislaus will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office. UCP Stanislaus has 30 days to investigate the complaint. The complainant will be notified in writing of the cause to any planned extension to the 30-day rule.

If more information is needed to resolve the case, UCP Stanislaus may contact the complainant. The complainant has 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 10 business days UCP Stanislaus 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 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. An 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 10 business days after the date of the letter or the LOF to do so.

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

Complaint Form

SECTION I: Please write legibly			
1. Name:			
2. Address:			
3. Telephone:			
4. Email Address:			
5. Accessible Format Requirements	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	Other: _____
SECTION II:			
6. Are you filling this complaint out on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
* If you answered “Yes” to question 6, go to Section III.			
7. If you answered “No” to question 6, what is the name of the person whom you are filing this complaint? Name: _____			
8. What is your relationship with this individual?			
9. Please explain why you have filed for a third party:			
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION III:			
11. I believe the discrimination I experienced was based on (<i>check all that apply</i>): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
12. Date of alleged discrimination: (<i>mm/dd/yyyy</i>):			
13. 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 attach additional sheets of paper.			

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Section IV:	
14. Have you previously filed a Title VI complaint with UCP Stanislaus?	
Section V:	
15. 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 _____	[] State Agency _____
[] Federal Court _____	[] Local Agency _____
[] State Court _____	
16. If you answered “Yes” to question 15, provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	Email:
SECTION VI:	
Name of Transit Agency complaint is against:	
Contact Person:	
Telephone:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete this form:

Signature _____

Date _____

Please submit this form in person or mail this form to:
UCP Stanislaus – Title VI
4265 Spyres Way #2,
Modesto, CA 95356

Titulo VI Procedimiento de Queja

Como un receptor de dólares federales, UCP Stanislaus tiene que cumplir con lo dispuesto en el Titulo VI de la ley de los derechos civiles de 1964 y asegúrese de que los servicios y los beneficios se proporcionen sobre una base no discriminatoria. UCP Stanislaus ha puesto en marcha un procedimiento de queja Titulo VI, que emboza un proceso de disposición local de quejas del Titulo VI y es consistente con las pautas de Administración Federal de Transito Circular 4702.1B, de Octubre 1, 2012.

Cualquier persona que cree que ha sido objeto de discriminación por motivos de raza, color, u origen nacional por UCP Stanislaus puede presentar al Titulo VI su denuncia. UCP Stanislaus investiga las quejas no mas de 180 días después del incidente. UCP Stanislaus solo tramitara las quejas que están completas.

En un periodo de 10 días de haber recibido la demanda, UCP Stanislaus la revisara para determinar si nuestra oficina tiene la jurisdicción. El autor de la queja, recibirá un acuse de recibo informándole al denunciante que será notificado por escrito si el caso de él/ella el será investigado por nuestra oficina. UCP Stanislaus tiene 30 días para investigar la queja.

Si necesita mas información para resolver el caso, UCP Stanislaus puede contactar al autor de la queja. El autor de la queja tiene 10 días de la fecha que recibió la carta para solicitar un investigador que sea asignado al caso.

El caso se puede cerrar también si el autor de la queja no desea proseguir con el caso. Después de que el investigador analice la queja, el / ella emitirá una de las dos cartas a la denunciante.

Forma De Queja

Seccion I: Escribir en forma legible		
1. Nombre:		
2. Direccion:		
3. Telefono:	3.a. Telefono secundario(<i>opcional</i>):	
4. Direccion de correo electronico:		
5. Reuistos de forma accesible?	<input type="checkbox"/> Impresion grande	<input type="checkbox"/> Cinta de audio
	<input type="checkbox"/> TDD	<input type="checkbox"/> Otros
Seccion II:		
6. Esta presentando esta queja en su propio nombre?	Si	No
*Si usted contesto "Si" to #6, vaya a la Seccion III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. Cual es su relacion con este individuo:		
9. Por favor, explique por que han presentado para una tercera parte:		
10. Por favor, confirme que ha obtenido el permiso de la parte agraviada en el archivo en su nombre.	Si	No
Seccion III:		
11. Creo que la discriminacion que he experimentado fue basado en (<i>marqu todas las que correspondan</i>):		
<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Origin nacional
12. Fecha de supuesta discriminacion: (<i>mm/dd/aaaa</i>)		
13. Explica lo mas claramente posible lo que ocurrio y por que usted cree que son objeto discriminacion. Describir todas las personas que han participado. Incluir el nombre y la informacion de contacto de la(s) persona(s) que discrimina contra usted (si se conoce), asi como los nombres y la informacion de contacto de los testigos. Si se necesita mas espacio, por favor adjunte hojas adicionales de papel.		

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Seccion IV:		
14. 14. Anteriormente ha presentado un Titulo VI denuncia con la UCP Stanislaus.	Si	No
Seccion V:		
15. Ha presentado esta queja con cualquier otro local, estado o federal, o con cualquier Federal o Estado?		
<input type="checkbox"/> Si* <input type="checkbox"/> No si la respuesta es si		
Marque todo lo que aplica		
<input type="checkbox"/> Agencia Federal _____ <input type="checkbox"/> Agencia Estatal _____		
<input type="checkbox"/> Federal Tribunal _____ <input type="checkbox"/> Agencia Local _____		
<input type="checkbox"/> Tribunal Estatal _____		
16. Si usted contesto "si" a la posicion #15, proporcionan informacion acerca de una persona de contacto en la agencia/tribunal donde se presento la denuncia.		
Nombre:		
Titulo:		
Organismo:		
Direccion:		
Telefono:		Correo electronico:
Seccion VI:		
Nombre de organismo Transito denuncia es contra:		
Persona de contacto:		
Telefono:		