Notifying the Public of Rights Under Title VI Christian Care Mesa, Inc.

Christian Care Mesa, Inc. operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Christian Care Mesa, Inc.

For more information on the Christian Care Mesa, Inc. civil rights program, and the procedures to file a complaint, contact Todd Carling 480-654-1800, (All community-provided phones are TTY for those needing to communicate via text, for nonresidents 711); email Todd.Carling@christiancare.org; or visit our administrative office at 6945 E Main St, Mesa, AZ 85207. For more information, visit https://fellowshipsquare-mesa.org/title-vi-procedures/

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: City of Phoenix Public Transit Department: ATTN: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact (480)654-1800. Para información en Español llame: Russell Amparano (480) 654-1800

The above notice is posted in the following locations: the main reception lobby (building 5) and in each vehicle. At a minimum it must be posted online and in the public areas of the agency's/ transit provider's office(s). This notice should also be posted at stations, stops, and on transit vehicles.

This notice is posted online at https://fellowshipsquare-mesa.org/title-vi-procedures

Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Christian Care Mesa, Inc. including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- Any person who believes he and/or she has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted Christian Care Mesa, Inc. will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Christian Care Mesa, Inc. or submitted to the State or Federal authority for guidance.
- (7) Christian Care Mesa, Inc. will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at: 602-262-7242; email to: phxtransiteo@phoenix.gov

Title VI Complaint Procedures

- (8) Christian Care Mesa, Inc. has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 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 30 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) 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 30 days after the date of the letter or the LOF to do so.
- (10)A complainant dissatisfied with Christian Care Mesa, Inc. decision may file a complaint directly with the City of Phoenix Public Transit Department (COP): Attention: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix, AZ 85003 or the Federal Transit Administration (FTA) offices of Civil Rights: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (11)A copy of these procedures can be found online at: https://fellowshipsquare-mesa.org/title-viprocedures/

TITLE VI COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Christian Care Mesa, Inc. or any of its service providers and believes the discrimination was based upon race, color or national origin, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Alternative formats and languages are available upon request. You can reach Customer Service at 480-654-1800 (TTY: 711) or via email at Todd.Carling@christiancare.org.

| SECTION 1: CUSTO | MERINFORMATION | | |
|-------------------|-------------------|-------------|-----------------------------------|
| First Name: | | Last Name: | |
| Address: | | | |
| | | | Zip: |
| Home Phone: | | Cell Phone: | |
| Email: | | Preferred m | ethod of contact: 🗌 Phone 🗌 Email |
| | | | |
| SECTION 2: INCIDE | INT INFORMATION | | |
| Date of Incident: | Time of Incident: | AM PM City: | |

| Incident Location: | Direction of Travel: | | | | |
|----------------------------------|---|--|--|--|--|
| Route #: | | | | | |
| Service Type: Local Bus Express/ | RAPID Circulator/Connector Light Rail Streetcar Dial-a-Ride | | | | |
| Operator Name: | | | | | |
| Operator Description: | | | | | |
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What was the discrimination based on *(Check all that apply)*: Race Color National Origin Other

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. You may also attach any written materials or other information relevant to your complaint.

| · · · | with the Federal Transit Administration (FTA)? \Box Yes \Box No tion about a contact person at the FTA where the complaint was | s filed [.] |
|--------------------------------|---|----------------------|
| Name: | Title: | Sinca. |
| Address: | Phone: | |
| | | |
| | tle VI complaint with this agency? \Box Yes \Box No | |
| Signature and date required be | elow: | |
| | | |
| Signature | | |
| Date | | |

