

LifeLong Medical Care Title VI Notice to the Public

Notifying the Public of Rights Under Title VI LifeLong Medical Care

LifeLong Medical Care 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 they have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with LifeLong Medical Care.

For more information on LifeLong Medical Care's civil rights program, and the procedures to file a complaint, contact (510) 981-3213, or visit our administrative office at 2344 Sixth Street, Berkeley, CA 94710. For more information, visit www.lifelongmedical.org.

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the 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, contact (510) 981-4100.

Title VI Complaint Procedures

As a recipient of federal dollars, LifeLong Medical Care 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. LifeLong Medical Care 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 LifeLong Medical Care may file a Title VI complaint by completing and submitting LifeLong Medical Care's Title VI Complaint Form. LifeLong Medical Care investigates complaints received no more than one hundred and eighty (180) days after the alleged incident. LifeLong Medical Care will only process complaints that are complete.

Within ten (10) business days after receiving a complaint regarding a potential violation of Title VI, LifeLong Medical Care (also known as "LifeLong") will review the complaint to determine whether LifeLong has jurisdiction over the matter. The complainant will receive an acknowledgement letter informing the complainant that the complaint was received and whether the complaint will be investigated by LifeLong based on its jurisdiction. If LifeLong accepts the complaint based on its jurisdiction, LifeLong has thirty (30) days to investigate the complaint and render a decision. The complainant will be notified in writing if LifeLong requires additional time to investigate the complaint and render a decision beyond the thirty (30) day period. During this thirty (30) day period, the complainant and any witnesses will be interviewed by LifeLong. LifeLong will collect any necessary documentation from complainant and any witnesses.

If more information is needed to resolve the case, LifeLong may contact the complainant in writing. If the investigator contacts the complainant in writing, the complainant has ten (10) business days after the date of the letter to provide the requested information to the investigator assigned to the case. If complainant fails to contact the investigator or fails to provide the requested information within ten (10) business days, following the investigator's written request, LifeLong may close the case based on administrative grounds. A case may also be closed on administrative grounds at any time if the complainant no longer wishes to pursue their case.

After the investigator investigates the complaint, the investigator will issue a Letter of Findings to complainant within the thirty (30) day period either

substantiating the allegations or closing the case if the allegations are not substantiated based on a preponderance of the evidence standard.

The complainant has ten (10) business days after receipt of the Letter of Findings to file an appeal with LifeLong's Chief Executive Officer. The Chief Executive Officer will issue a written decision in response to the appeal no later than 30 days after its filing.

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.

LifeLong Medical Care Title VI Complaint Form

COMPLAINT FORM

Section I: Please write legibly		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone (Optional):	
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for 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.	YES	NO
Section III:		
11. I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race National Origin	<input type="checkbox"/> Color	<input type="checkbox"/>
12. Date of alleged discrimination: (mm/dd/yyyy)		
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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COMPLAINT FORM

Section IV:		
14. Have you previously filed a Title VI complaint with LifeLong Medical Care?	YES	NO
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 #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 form:

Signature _____ Date _____

Please submit this form in person or mail this form to the address below:
LifeLong Medical Care, Title VI Coordinator
2344 Sixth Street
Berkeley, CA 94710

