

## **TITLE VI COMPLAINT PROCEDURES**

In order to comply with the reporting requirements established in 49CFR Section 21.9(b) Star Community, Inc. shall develop procedures for investigating and tracking Title VI complaints filed against us and will make this procedure for filing a complaint available to members of the public. Star Community, Inc. has also developed a Title VI complaint form. The form and procedure for filing a complaint are available on the Star Community, Inc. website and at their facilities.

Any individual may exercise his or her right to file a complaint with Star Community, Inc. if that person believes that he or she have been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to MDOT MTA within three business days (per MDOT MTA requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to MDOT MTA.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Star Community, Inc. includes the following language on all printed information materials, on the agency's website, in press releases, in public notices, in published documents, and on posters on the interior of each vehicle operated in passenger service:

*Star Community, Inc. is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI in the Federal Transit Administration (FTA) Circular 4702.1B. For additional information on Star Community Inc's nondiscrimination policies and procedures, or to file a complaint, please visit the website at [www.starcommunityinc.org](http://www.starcommunityinc.org) or contact Lisa Thomas, Human Resources Director, 13757 Broadfording Church Road, Hagerstown, MD 21740.*



TITLE VI COMPLAINT FORM

<b>Section 1:</b>					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Email address:					
Accessible Format		Large Print		Audio Tape	
Requirments?		TDD		Other	
<b>Section II:</b>					
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	
<b>Section III:</b>					
I believe the discrimination I experienced was based on (check all that apply):					
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<input type="checkbox"/> National Origin	
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 informtaion 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.					
_____					
_____					
<b>Section IV:</b>					
Have you previously filed a Title VI complaint with this agency?			Yes	No	
<b>Section V:</b>					
Have you filed this complaint with any other Federal, State, of local agency, or with any Federal or State court?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			

If yes, check all that apply:

<input type="checkbox"/> Federal Agency _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> Local Agency _____
<input type="checkbox"/> State Court _____	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI:</b>	
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

Please submit this form in person at the address below, or mail this form to:  
 Star Community Inc.  
 Attn: Title VI Manager  
 13757 Broadfording Church Road  
 Hagerstown, MD 21740