

Civil Rights Policy Notice to the Public

FAIRFIELD CENTER for disABILITIES & CEREBRAL PALSY, INC. (FCdCP) gives public notice that it complies with the Title VI of the Civil Right Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program and the External Equal Employment Opportunity (EEO) program. These statutes provide that "no person in the United States shall, on the grounds of race, color, national origin or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." FCdCP operates its programs and services without regard to race, color, national origin or disability in accordance with these statutes.

For more information on FCdCP's Civil Rights obligations, procedures and/or to file a complaint, please:

- Call (740) 653-5501
- Mail complaint form to:
FAIRFIELD CENTER for disABILITIES and CEREBRAL PALSY, INC.
681 E. Sixth Avenue
Lancaster, OH 43130

Attention: Executive Director
- Or come into our Lancaster, OH office Monday – Friday 8:00 a.m. – 4:00 p.m.
- Upon receipt of a disability related complaint, FCdCP will notify their ODOT representative.

Civil Rights Complaint procedures and forms are also available in FCdCP's Executive Director's office.

A complaint may also be filed directly with the Federal Transit Administration or the U.S. Department of Transportation.

The addresses are:

Federal Transit Administration Office of Civil Rights
East Building, 5th Floor - TCR
1200 New Jersey Ave. - SE
Washington, DC 20590

U.S. Department of Transportation
Federal Transit Administration's Office of Civil Rights
1760 Market Street, Suite 500
Philadelphia, PA 19103-4124

If information is needed in another language, please call (740) 653-5501
Si se necesita informacion en otro idioma, por favor llame al (740) 653-5501.

CIVIL RIGHTS COMPLAINT INSTRUCTIONS AND PROCEDURE

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Any person who believes she or he has been discriminated against on the basis of race, color, national origin or disability by FCdCP may file a Civil Rights complaint by completing and submitting FCdCP's Civil Rights Complaint Form. FCdCP investigates all completed complaint forms that are filed no later than 180 calendar days following the date of the incident in question and will immediately notify their ODOT representative.

How to file a complaint:

- A complaint can be filed in writing and mailed to the following address:
FAIRFIELD CENTER for disABILITIES and CEREBRAL PALSY, INC.
Edwin R. Payne, M.D., Executive Director
681 E. Sixth Avenue
Lancaster, OH 43130
 - The preferred method is to file a complaint in writing by completing FCdCP's Civil Rights Complaint Form.
 - If you do not use FCdCP's Civil Rights Complaint Form, your written complaint must be signed and at a minimum contain the following:
 - a) Contact information including name, mailing address, telephone number(s) and email address, etc.
 - b) A description of how, when, where and why you believe you were discriminated against, including location, names and contact information of any witnesses; and
 - c) Other information that you deem significant or important
- A complaint can be filed verbally by calling the Executive Director at FCdCP (740) 653-5501
- You also have the right to file a complaint with an external entity such as the Department of Transportation (DOT), a federal or state agency, or a federal or state court.

Civil Rights Procedure:

1. When a complaint is received by FCdCP, the Executive Director will provide written acknowledgement within ten (10) days by registered mail. If a complaint is incomplete, additional information will be requested, and the Complainant will be provided thirty (30) business days to submit the required information. If the information is not received within 30 business days, the case can be administratively closed by FCdCP. A case can also be administratively closed if the complainant no longer wishes to pursue their case.
2. Should a complaint be filed with FCdCP and an external entity simultaneously, the external complaint shall supersede FCdCP's complaint and FCdCP's complaint procedures will be suspended pending the external entity's findings.
3. Within fifteen (15) business days from receipt of a complete complaint, a determination will be made if the complaint has sufficient merit to warrant investigation as a Civil Rights complaint. The Complainant will be notified of the decision, by registered mail within five (5) days of the date the decision is made. If the decision is not to investigate as a Civil Rights complaint, the notification shall specifically state the reason for the decision.
4. Investigation:
 - a. The investigation will address complaints against FCdCP and be conducted in conjunction with and under the advice of the City Administrator.
 - b. The investigation may include discussion(s) of the complaint with all affected parties to determine the problem. The Complainant may be represented by an attorney or other representative of his/her own choosing and may bring witnesses and present testimony and evidence in the course of the investigation.
 - c. The investigation will be conducted and completed within sixty (60) days of the acceptance of the formal complaint.
 - d. Based upon all the information received, an investigation report will be written.
5. The Complainant will receive a letter stating the final decision by the end the 60-day limit.
6. The Complainant shall be notified of his/her right to appeal the decision.

CIVIL RIGHTS COMPLAINT FORM

Section 1

Name: _____

Address: _____
Street Address City State Zip Code

Telephone (Home): _____ Telephone (Alternate): _____

Electronic Mail Address: _____

If you require accessible format(s), please check the appropriate box(es):

- Large Print Audio Tape DTDD Other, please specify

Section 2

Are you filing this complaint on your own? Yes (If yes, Go to Section 3) No (If no, go to next line)

Please provide the name and address of the person who alleges discrimination:

Name: _____

Address: _____
Street Address City State Zip Code

Please explain why you are filing this claim for a third party:

Please confirm that you have obtained permission. Yes No

Section 3

I believe that the discrimination experienced was based on (check all that apply):

- Race Color National Origin (includes LEP) 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 and 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 the form or another sheet of paper.

Section 4

Have you previously filed a complaint with FCdCP? Yes No

Section 5

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 and provide the name of the agency or court: Federal Agency:

Federal Court: State Agency: _____ State Court: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____ Telephone Number: _____

Address: _____

Section 6

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

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

Signature and date required.

Complainant's Signature _____ Date _____

Please submit this form and any additional materials in person or mail to:

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Lancaster, OH 43130
Attention: Executive Director

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