

Catholic Charities Civil Rights Complaint Procedure

Catholic Charities operates its transportation services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he or she has been aggrieved by an unlawful discriminatory practice under Title VI may file a complaint with Catholic Charities. Any such complaint must be in writing and filed with the Catholic Charities within 180 days following the date of the alleged discriminatory occurrence.

Catholic Charities Title VI Complaint forms are available at the Catholic Charities office located at 400 12th Street, Suite 4, Modesto, CA 95354 and online at www.ccstockton.org. Completed forms should be mailed to: Catholic Charities Transportation Program, 400 12th Street, Suite 4, Modesto, CA 95354

Verbal complaints will be accepted and transcribed for any complainant unable to complete the form. Verbal complaints may be filed in person at 400 12th St., Ste 4 or by phone 209-529-3784.

A complainant may file a complaint directly with the United States Department of Transportation and/or the California Department of Transportation. If a complaint is filed with the Catholic Charities and an external entity simultaneously, the external complaint may supersede the complaint to Catholic Charities and the internal complaint procedures will be suspended pending the external entity's findings.

Within 15 business days of receipt of a formal complaint, the Title VI Program Coordinator will send the complainant an acknowledgement letter and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation will address complaints filed against transit service offered by the Catholic Charities and will include discussion(s) of the complaint with all affected parties. Catholic Charities will provide appropriate assistance to complainants who have difficulty with disabilities, or who are limited in their ability to communicate in English. Failure of the complainant to provide requested information within 15 business days of the date of Catholic Charities' information request letter may result in the administrative closure of the complaint. The complainant may be represented by a representative of his or her choosing and may bring witnesses and present testimony and evidence in the course of the investigation. The investigation will be conducted and completed within 60 days of the receipt of the formal complaint. Catholic Charities will send a letter to the address provided by the complainant stating the final decision of the Chief Executive Officer by the end of the 60-day time limit. The complainant shall be notified of his/her right to appeal the decision. Appeals may be made to the California and/or United States department of transportation.

For more information on how to file a complaint, contact the Title VI Coordinator by any of the following methods:

- By Phone: (209) 529-3784
- By Mail: Catholic Charities, 400 12th Street, Suite 4, Modesto, CA 95354
- E-mail: mramos@ccstockton.org

Title VI Complaint Form

**Catholic Charities of the Diocese of Stockton
Office of Compliance**

Catholic Charities is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, pursuant to Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Monica Ramos, Title VI Coordinator, by calling (209)529-3784. The completed form must be returned to Catholic Charities, Title VI Coordinator, 400 12th Street, Ste 4 Modesto, CA 95354.

Your Name:	Phone:
Street Address:	Other Phone:
	City, State, Zip:
Person(s) Discriminated against (if someone other than complainant): Name(s):	
Street Address. City, State. And Zip Code:	

Which of the following best describes the reason for the alleged discrimination: (Check one)

- Race
 - Color
 - National Origin
- Date of Incident: _____
Time of Incident: _____

Please describe the alleged discrimination incident. Provide the names and titles of all persons involved. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

(Complete next page of form)

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state, or local agencies?
(check one) YES NO

If so; list agency/agencies and contact info below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Phone: _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Phone: _____

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

Complainant Signature Date: _____

Print Name of Complainant

Date Received: _____
Received By: _____