

CAMBRIA COUNTY ASSOCIATION FOR THE BLIND AND HANDICAPPED

RICHARD C. BOSSERMAN, *President*

JOHNSTOWN DIVISION

211 Central Avenue
Johnstown, Pennsylvania 15902-2495 USA
Phone (814) 536-3531
Fax (814) 539-3270

EBENSBURG DIVISION

175 Industrial Park Rd.
Ebensburg, Pennsylvania 15931-4109 USA
Phone (814) 472-5077
Fax (814) 472-7179

CAMBRIA COUNTY ASSOCIATION FOR THE BLIND AND HANDICAPPED

TITLE VI STATEMENT OF POLICY AND PUBLIC NOTICE

The Cambria County Association for the Blind and Handicapped, hereby known as CCABH, assures full compliance with Title VI of the Civil Rights Act of 1964, as amended and its related statutes. No person is excluded from participation in, denied the benefits of its services, or otherwise subjected to discrimination on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

Any person who believes that he or she has been unlawfully discriminated against may file a formal complaint with CCABH within 18 days following the date of the alleged incident.

For more information regarding civil rights complaints, please contact:

John R. Stahl, Director of Rehabilitation / Compliance Officer

CCABH

211 Central Avenue
Johnstown, PA 15902

phone: 814-536-3531

e-mail: jstahl@ccabh.com

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TITLE VI DISCRIMINATION COMPLAINT FORM

Name	Phone	Name of Person(s) That Discriminated Against You
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If Known)
City, State, Zip		City, State, Zip
Discrimination Because of: <input type="checkbox"/> Race/Color* <input type="checkbox"/> Sex <input type="checkbox"/> Disability** <input type="checkbox"/> Age <input type="checkbox"/> National Origin* <input type="checkbox"/> Retaliation <input type="checkbox"/> Religion		Date(s) of Alleged Incident(s)
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.		
Signature		Date

Please submit this form to one of the following agencies:

Cambria County Association for the Blind
and Handicapped
211 Central Avenue
Johnstown, PA 15902
Phone: 814-536-3531
Email: jstahl@ccabh.com

Pennsylvania Department of Transportation
Bureau of Equal Opportunity
P.O. Box 3251
Harrisburg, PA 17101-1720
Phone: 717-221-3705

* indicates is specific to Title VI of the Civil Rights Act of 1964

** indicates is specific to Americans with Disabilities Act of 1990