

**CAMBRIA COUNTY ASSOCIATION
FOR THE BLIND AND HANDICAPPED**

TARA L. BOSSERMAN, *President*

JOHNSTOWN DIVISION

211 Central Avenue
Johnstown, Pennsylvania 15902-2495 USA
Phone (814) 536-3531
Fax: (814) 539-3270
www.ccabh.com

EBENSBURG DIVISION

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

**CAMBRIA COUNTY ASSOCIATION FOR
THE BLIND AND HANDICAPPED**

Notifying the Public of Rights Under Title VI

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 21 days following the date of the alleged incident.

For more information regarding civil rights complaints, or if information is needed in another language, 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

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with:

Office of Civil Rights; Attention: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Note: this notice is posted in all of our vehicles, as well as on company bulletin boards, and in the main offices of our company.

**CAMBRIA COUNTY ASSOCIATION
FOR THE BLIND AND HANDICAPPED**

TARA L. BOSSERMAN, *President*

JOHNSTOWN DIVISION

211 Central Avenue
Johnstown, Pennsylvania 15902-2495 USA
Phone (814) 536-3531
Fax: (814) 539-3270
www.ccabh.com

EBENSBURG DIVISION

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

TITLE VI COMPLAINT FORM

Section I:		
Name: _____		
Address: _____		
Telephone (Home): _____	Telephone (Work): _____	
Electronic Mail Address: _____		
Accessible Format Requirements? _____	Large Print _____ TDD _____	Audio Tape _____ Other _____
Section II:		
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 ____		
Section III:		
I believe that the discrimination that I experienced was based on (check all that apply):		
[] Race [] Color [] 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 information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please use the back of this form.		

Section IV:

Have you previously files a Title VI complaint with this agency? Yes _____ No _____

Section V:

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: _____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

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:

John R. Stahl, Director of Rehabilitation/Compliance Officer
CCABH
211 Central Avenue
Johnstown, PA 15902