

CAMBRIA COUNTY ASSOCIATION FOR THE BLIND AND HANDICAPPED

TARA L. BOSSERMAN, *President*

JOHNSTOWN DIVISION

211 Central Avenue
Johnstown, Pennsylvania 15902-2495 USA
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175 Industrial Park Rd.
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ADA and Title VI Complaint Procedure

Any person who believes that she or he has been discriminated against on the basis of disability, race, color, or national origin by the Cambria County Association for the Blind and Handicapped (hereinafter referred to as "CCABH") may file an ADA and Title VI complaint by completing and submitting the agency's ADA and Title VI Complaint Form. The CCABH investigates complaints received no more than 180 days after the alleged incident. CCABH will process complaints that are complete.

Once the complaint is received, the CCABH will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The CCABH has 30 days to investigate the complaint. If more information is needed to resolve the case, CCABH may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not an ADA and Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

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ADA and TITLE VI COMPLAINT FORM

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print CLEARLY:

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):

Disability 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 filed 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: _____
 Federal Court: _____ State Agency _____
 State Court: _____ Local Agency _____

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:

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

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

Signature and date required below.

Signature

Date

Print your name

Please submit this form in person at the address below, or mail this form to:

John R. Stahl, Vice President - Rehabilitation/Compliance Officer
Cambria County Association for the Blind and Handicapped
211 Central Avenue
Johnstown, PA 15902

Revised 11/1/23