How to file an ADA complaint with Cobblestone Arts Center

Complaint Procedures-

How to file a ADA Complaint

The complainant may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include the following information:
Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.)
How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
Other information that you deem significant

The ADA Complaint Form (see Appendix C) may be used to submit the complaint information. The complaint must be filed in writing with COBBLESTONE ARTS CENTER at the following address in order for COBBLESTONE ARTS CENTER to properly investigate any complaint:

Title VI Coordinator Contact information
COBBLESTONE ARTS CENTER
Vanessa Goodwin
Title VI Coordinator
1622 State Route 332
Farmington NY 14425
585-398-0220

NOTE: COBBLESTONE ARTS CENTER encourages all complaints to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than one hundred eighty (180) days from the alleged date of discrimination.

What happens to the complaint after it is submitted?

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by COBBLESTONE ARTS CENTER will be directly addressed by COBBLESTONE ARTS CENTER for investigation. COBBLESTONE ARTS CENTER shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, COBBLESTONE ARTS CENTER shall make every effort to address all complaints in an expeditious and thorough manner.
A letter acknowledging receipt of complaint will be mailed within seven (7) days (see Appendix D). Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

How will the complainant be notified of the outcome of the complaint?

A representative of COBBLESTONE ARTS CENTER will send a final written response letter (see Appendix E or F) to the complainant. In the letter notifying complainant that the complaint is not substantiated (Appendix F), the complainant is also advised of his or her right to 1) provide additional information to COBBLESTONE ARTS CENTER for consideration of the complaint within seven (7) calendar days of receipt of the final written decision from COBBLESTONE ARTS CENTER , and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the FTA. Every effort will be made to respond to Title VI complaints within sixty (60) working days of receipt of such complaints.
In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

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

Appendix C: ADA COMPLAINT FORM

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 by the COBBLESTONE ARTS CENTER Transportation Department, please provide the following information in order to assist us in processing your complaint and send it to:

1. State your name and address.
Name: _____
Address: _____
_____
Telephone No.: Home (___) _____ Work: (___) _____
Other (___) _____

2. Person(s) discriminated again, if different from above:
Name: _____
Address: _____
_____
Telephone No.: Home (___) _____ Work: (___) _____
Other (___) _____
Please explain your relationship to this person(s): _____
_____

3. Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

_____ Race/Ethnicity: _____
_____ National Origin: _____
_____ Sex: _____
_____ Religion: _____
_____ Age: _____
_____ Disability: _____

4. What is the most convenient time and place for us to contact you about this complaint?
_____
_____

5. If you have an attorney representing you concerning the matters raised in the complaint, please provide the following:
Name: _____
Address: _____
_____
Telephone No.: (____) _____

6. To your best recollection, on what date(s) did the alleged discrimination take place?
Earliest date of discrimination: _____
Most recent date of discrimination: _____

7. Complaints of discrimination must generally be filed within one hundred eighty (180) days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than one hundred eighty (180) days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

_____
_____
_____

8. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

_____
_____
_____
_____
_____
_____
_____
_____

9. Please list below any persons (witnesses, fellow PACE participants, employees, or others), if known, whom we may contact for additional information to support or clarify your complaint. Name, Address, Phone No.

_____
_____
_____

10. Do you have any other information that you think is relevant to our investigation of your allegations?

_____
_____
_____
_____

11. What remedy are you seeking for the alleged discrimination?

_____
_____
_____
_____

12. Have you (or the person allegedly discriminated against) filed the same or any other complaints with other governmental offices (including but not limited to the Federal Transit Administration or the Department of Civil Rights)?
Yes _____ No _____

If so, please state the name, address and contact information of the agency at which the complaint was filed and the current status of that appeal:
Agency: _____
Contact Person: _____
Address: _____
_____
Telephone #: _____

13. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

_____ _____
Signature Date

_____
Print Name

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Title VI Coordinator Contact information
COBBLESTONE ARTS CENTER
Vanessa Goodwin
Title VI Coordinator
1622 State Route 332
Farmington NY 14425
585-398-0220

APPENDIX D: Letter Acknowledging Receipt of Complaint

Date
Name
Address
City, State Zip

Dear Name:

This letter is to acknowledge receipt of your complaint against COBBLESTONE ARTS CENTER Transportation Department alleging _____ _____.
An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by contacting our office at (585) 398-0220 or in writing to COBBLESTONE ARTS CENTER Transportation, 1622 State Route 332 Farmington NY 14425 .

Sincerely,

Name

Title VI Coordinator Contact information
COBBLESTONE ARTS CENTER
Vanessa Goodwin
Title VI Coordinator
1622 State Route 332
Farmington NY 14425
585-398-0220

APPENDIX E: Letter Notifying Complainant that the Complaint Is Substantiated

Date
Name
Address
City, State Zip

Dear Name:

The matter referenced in your letter dated _____ against COBBLESTONE ARTS CENTER Transportation alleging Title VI violation has been investigated.
(An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies. Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. ***(If a hearing is requested, the following sentence may be appropriate.)*** You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Name

Title VI Coordinator Contact information
COBBLESTONE ARTS CENTER
Vanessa Goodwin
Title VI Coordinator
1622 State Route 332
Farmington NY 14425
585-398-0220

APPENDIX F: Letter Notifying Complainant that the Complaint Is Not Substantiated

Date
Name
Address
City, State Zip

Dear Name:

The matter referenced in your complaint dated _____ against the COBBLESTONE ARTS CENTER Transportation alleging _____ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

COBBLESTONE ARTS CENTER Transportation has analyzed the materials and facts pertaining to your case for evidence of the Department's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated and that I am closing this matter in our files.

You have the right to 1) provide additional information to this office for reconsideration of your complaint within seven (7) calendar days of receipt of this final written decision from COBBLESTONE ARTS CENTER , and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at:

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

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Name

Title VI Coordinator Contact information
COBBLESTONE ARTS CENTER
Vanessa Goodwin
Title VI Coordinator
1622 State Route 332
Farmington NY 14425
585-398-0220

APPENDIX G: Sample of Narrative to be included in Posters to be Displayed in Revenue Vehicles and Facilities

COBBLESTONE ARTS CENTER is committed to ensuring that no person is excluded from participation in, denied the benefits of, or be subjected to discrimination in the receipt of its services on the basis of race, color, or national origin, as protected by Title VI of the Civil rights Act of 1964.

If you feel you are being denied participation in or being denied benefits of the services provided by COBBLESTONE ARTS CENTER , or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, you may contact our office @ 585-398-0220