

Your Rights Under Title VI of the Civil Rights Act of 1964

Access: Supports for Living has a strong mission, which states, “Our mission is to help people live the healthiest and fullest lives possible, and our first priority is those who live with the challenges associated with behavioral health issues and developmental disabilities.

Title VI is a section of the Civil Rights Act of 1964 requiring that “No person in the United States shall on the grounds 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.” Note that Title VI does not address gender discrimination. It only covers race, color and national origin. Other Civil Rights laws prohibit gender discrimination. Access: Supports for Living adopts, supports and commits to upholding Title VI of the Civil Rights Act.

Complaint Forms can be obtained in the transportation department, located at 15 Fini Drive, Middletown, NY 10941 Phone: 845-695-1181 Fax: 845-692-4377

Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by the Access: Supports for Living Inc. may file a written complaint with the Compliance Officer, Access: Supports for Living, 15 Fortune Road West, Middletown, NY 10941 or NYSDOT, Office of Civil Rights, 50 Wolf Road, Albany NY 12232 as well as with the: FTA Region 3, 1760 Market Street, Suite 500, Philadelphia, Pennsylvania 19103-4124. Federal and State law requires complaints be filed within one-hundred eighty (180) calendar days of the last alleged incident.

To request additional information on Access’ non-discrimination obligations, please contact the transportation department referenced above.

Grievance Form

| Person Filing the Grievance | |
|---|--|
| Name: | |
| Address: | |
| Phone Number: | |
| E-Mail Address: | |
| Relationship to Service Recipient (Select one) | <input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Advocate <input type="checkbox"/> Mental Hygiene Legal Service |

| Service Recipient (if different from Person Filing the Grievance) | |
|---|--|
| Name: | |
| Address: | |
| Phone Number: | |

| Program and Details | |
|---|--|
| Program or Service involved in Grievance: | |
| Location where issue occurred: | |
| Date(s) the issue occurred: | |

| Describe the Grievance |
|------------------------|
| |

| Describe how you would like the Grievance Resolved |
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Please give this form to the site supervisor or any staff member.