Title VI Complaint Procedure

The **Kenosha Achievement Center, Inc.'s** Title VI Complaint Procedure is made available in the following locations: (*check all that apply*)

- X Agency website, either as a reference in the Notice to Public or in its entirety
- X Hard copy in the central office
- X Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the **Kenosha Achievement Center**, **Inc.** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

The **Kenosha Achievement Center, Inc.** investigates complaints received no more than 180 days after the alleged incident. The **Kenosha Achievement Center, Inc.** will process complaints that are complete.

Once the complaint is received, the **Kenosha Achievement Center, Inc.** 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 **Kenosha Achievement Center**, **Inc.** has 30 days to investigate the complaint. If more information is needed to resolve the case, KAC may contact the complainant.

The complainant has 10 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 10 business days, KAC 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 (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A <u>closure letter</u> summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A <u>letter of finding (LOF)</u> 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 14 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.

If information is needed in another language, then contact 262-658-9636. Si se necesita informacion en otro idioma de contacto, *262-658-9636*.

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Section I:					
Name:					
Address:					
Telephone (Home):		Telephone	Telephone (Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this qu	estion, 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 file	d for a third party:		-I		
		-			
Please confirm that you have obtained the permission of the aggrieved			Yes	No	
party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race [] Color [] National Ori			rigin		
Date of Alleged Discrimination (Month, Day, Year):					
Explain as clearly as possible where persons who were involved. Inclu (if known) as well as names and of this form.	ude the name and contact inf	ormation of the	person(s) who discrin	ninated against you	
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 number:	
You may attach any written materials or other complaint.	information that you think is relevant to your
Signature and date required below	
Signature	Date
Please submit this form in person at the addre	ess below, or mail this form to:

Kenosha Achievement Center, Inc. Title VI Coordinator 1218 79th Street Kenosha, WI 53143