



RIGHTS UNDER TITLE VI

SOAR365® operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes they have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with SOAR365®.

For more information on SOAR365's® civil rights program, and the procedures to file a complaint, please call (804)358-1874, (TTY / TTD 711); email Compliance@Soar365.org; or visit our administrative office at 3600 Saunders Ave, Richmond, VA 23227.

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, please call (804)358-1874.



TITLE VI COMPLAINT PROCEDURES

Any person who believes they have been discriminated against on the basis of race, color, or national origin by SOAR365® may file a Title VI complaint by completing and submitting the agency's Title VI complaint form. SOAR365® investigates complaints received no more than 180 days after the alleged incident. SOAR365® will process complaints that are complete.

Once the complaint is received, SOAR365® will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by our office.

SOAR365® has 60 days to investigate the complaint. If more information is needed to resolve the case, SOAR365® 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, SOAR365® 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, they 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 a 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 members, or other action will occur. If the complainant wishes to appeal the decision, they have 15 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.



TITLE VI COMPLAINT FORM

Section I:

| | | | | |
|-------------------|-------------|--|-------------------|--|
| Name: | | | | |
| Address: | | | | |
| Telephone (Home): | | | Telephone (Work): | |
| Email : | | | | |
| Accessible Format | Large Print | | Audio Tape | |
| Requirements? | TTD | | 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 the discrimination 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. If more space is needed, 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, please provide the name(s) of the agency you filed to: Federal Agency: _____

Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about the 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 information that you think is relevant to your complaint.

Signature and date required below

Signature

Date